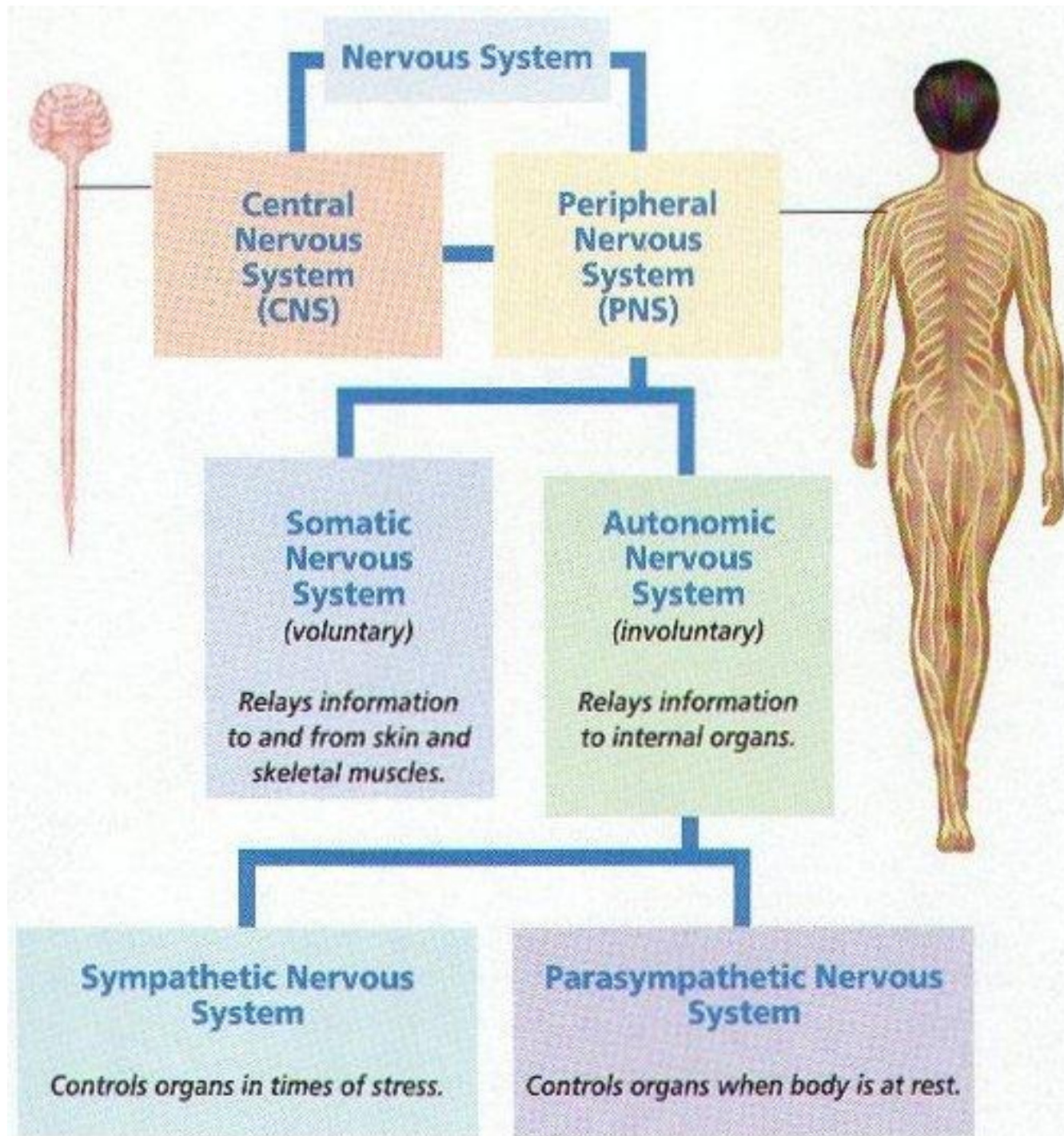
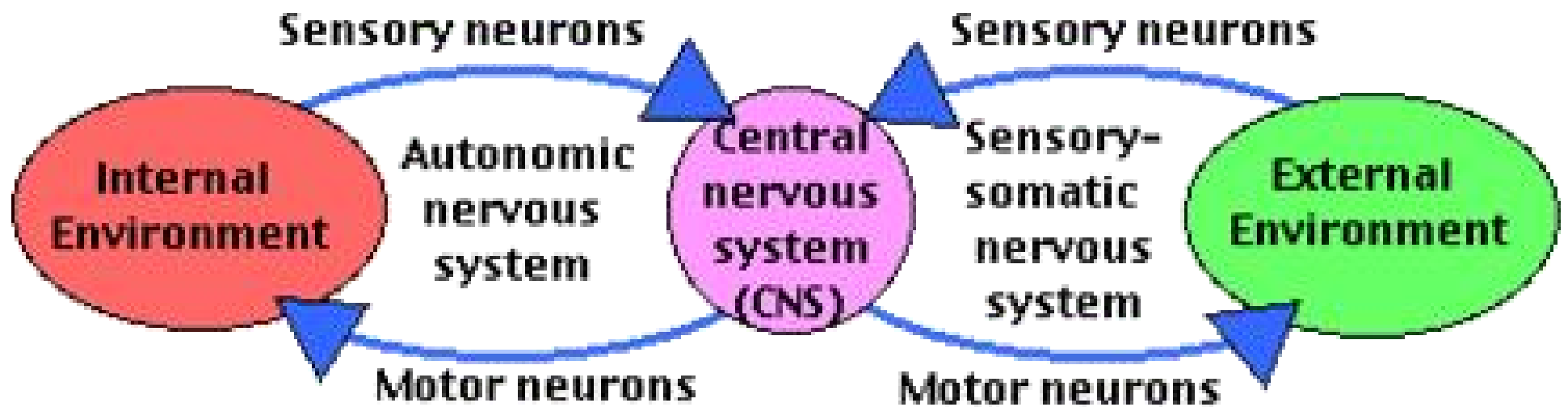


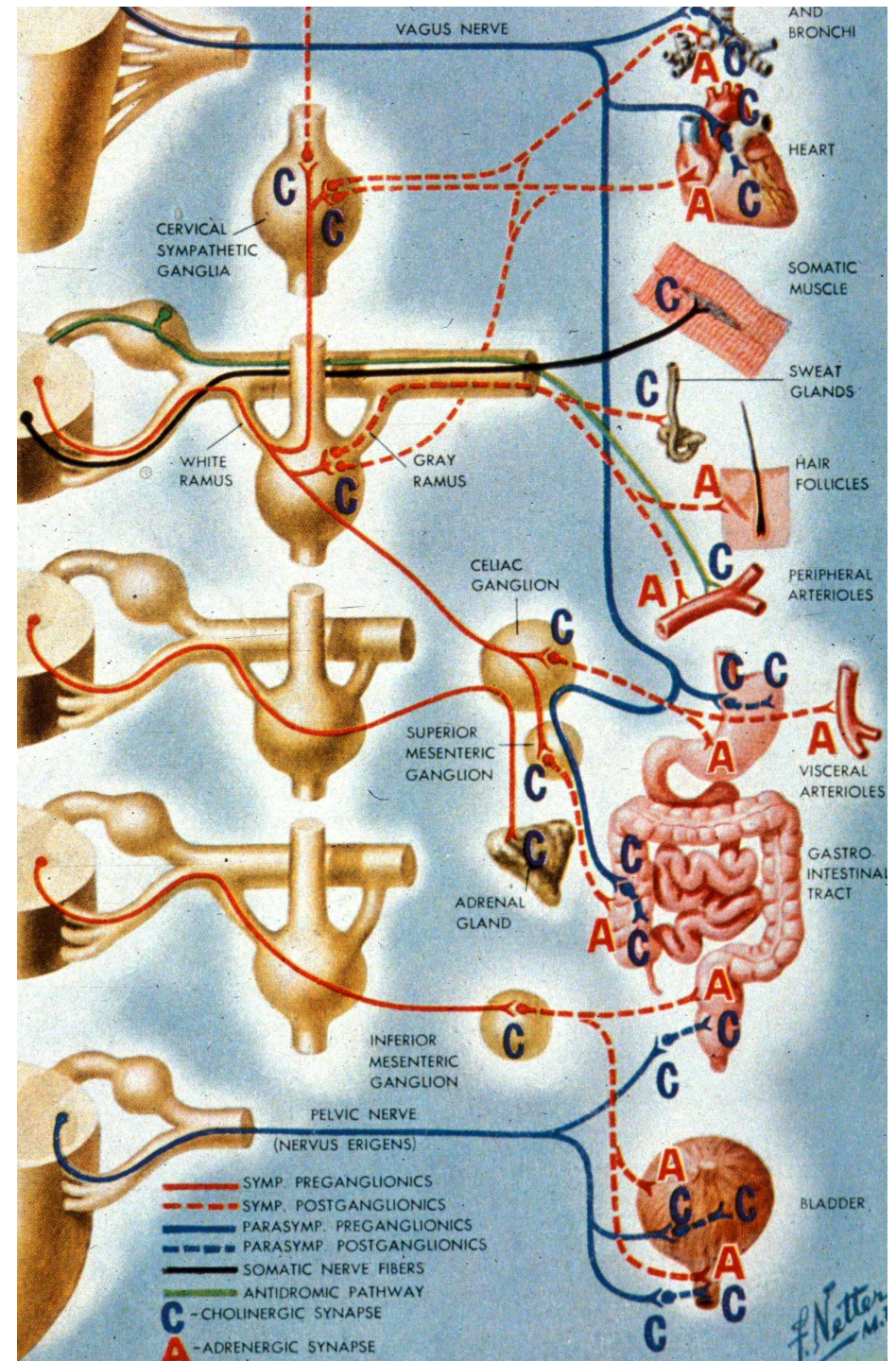
The Autonomic Nervous System and Visceral Reflexes





Autonomic Nervous System

- Part of the nervous system that controls the motor systems of
 - cardiac muscles
 - smooth muscles of
 - glands
 - vessels
 - thoracic cavity
 - abdominal cavity
 - piloerector muscles
- Also called the **visceral motor system** to distinguish it from the somatic motor system that controls skeletal muscles

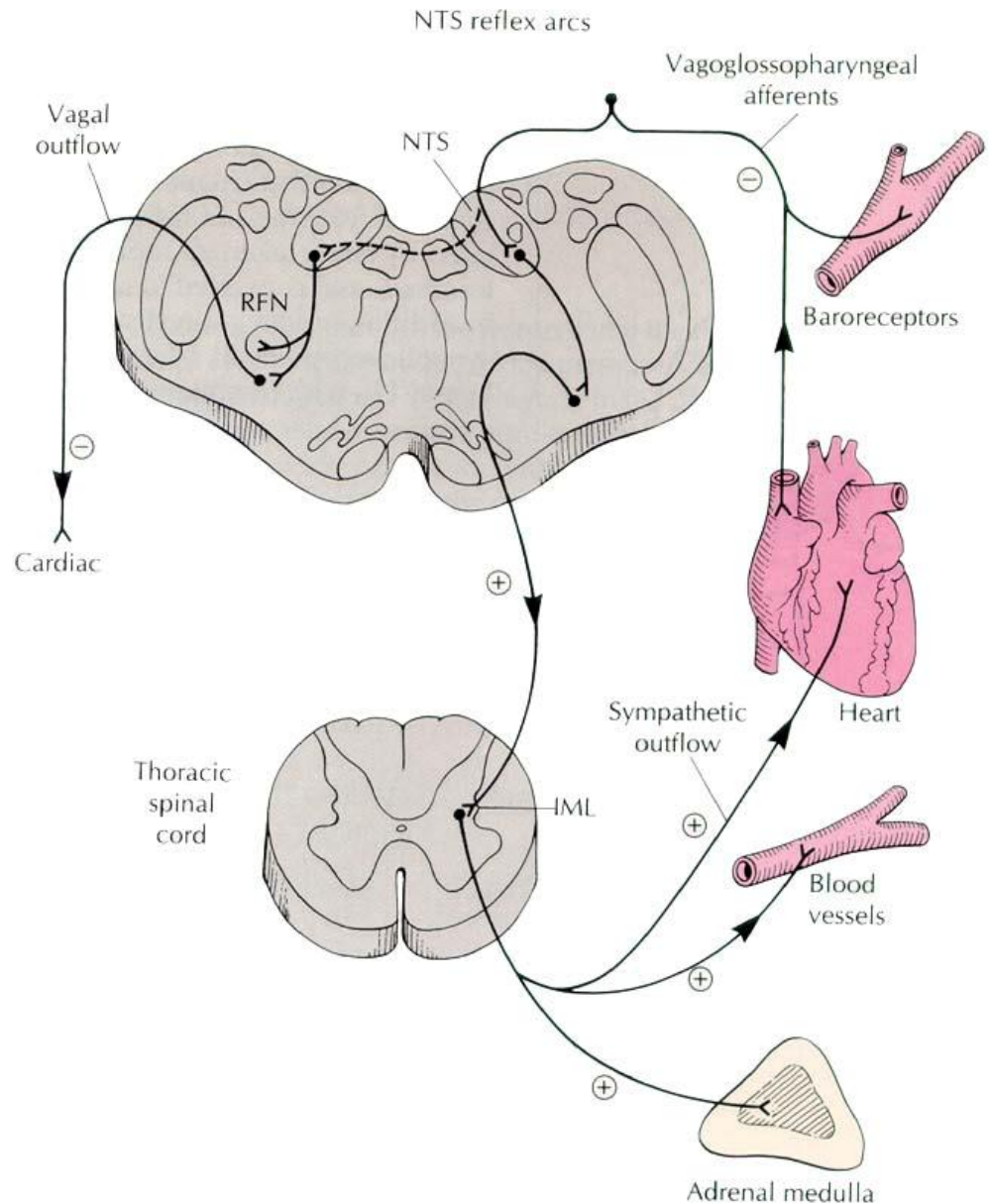


Autonomic Nervous System

- Carries out its actions involuntarily, without conscious awareness
- End organ effectors do not depend entirely on the ANS for proper function, but only **serve to adjust their activity** in accordance to the bodies changing needs.
 - ex: the heart can function if nerves are severed.

Visceral Reflexes

- Reflex arc similar to somatic reflex arch including
 - receptor, efferent neuron to CNS, interneuron, efferent neuron carrying motor signal away from CNS, effector
- Ex: baroreceptors in controlling decreased blood pressure



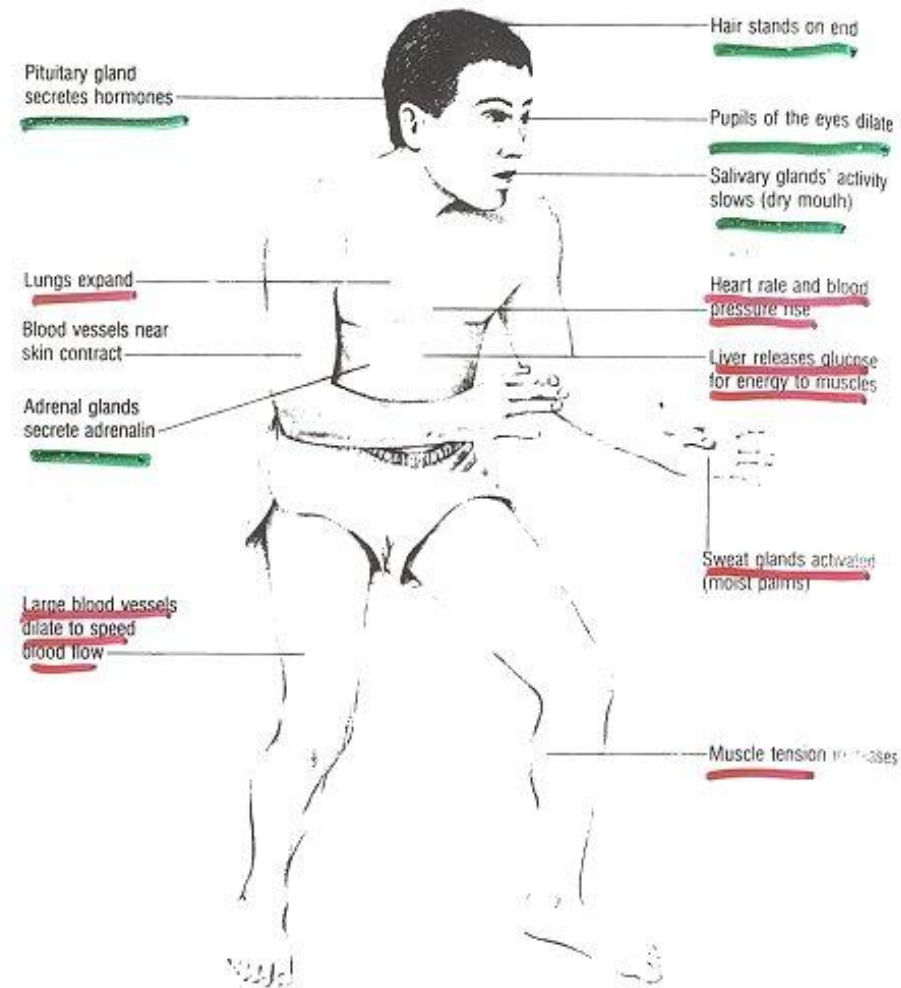
ANS Divisions

- **Sympathetic:**
- **“Fight or Flight”**
- **Activated during emergencies, exercise or vigorous physical activity**
- **Revs up body to respond to situations that upset homeostasis**
- **Parasympathetic:**
- **“Rest & Digest”**
- **Reduces energy use**
- **Promotes:**
 - **digestion of food**
 - **storage of energy**
 - **elimination of wastes**
 - **homeostasis**

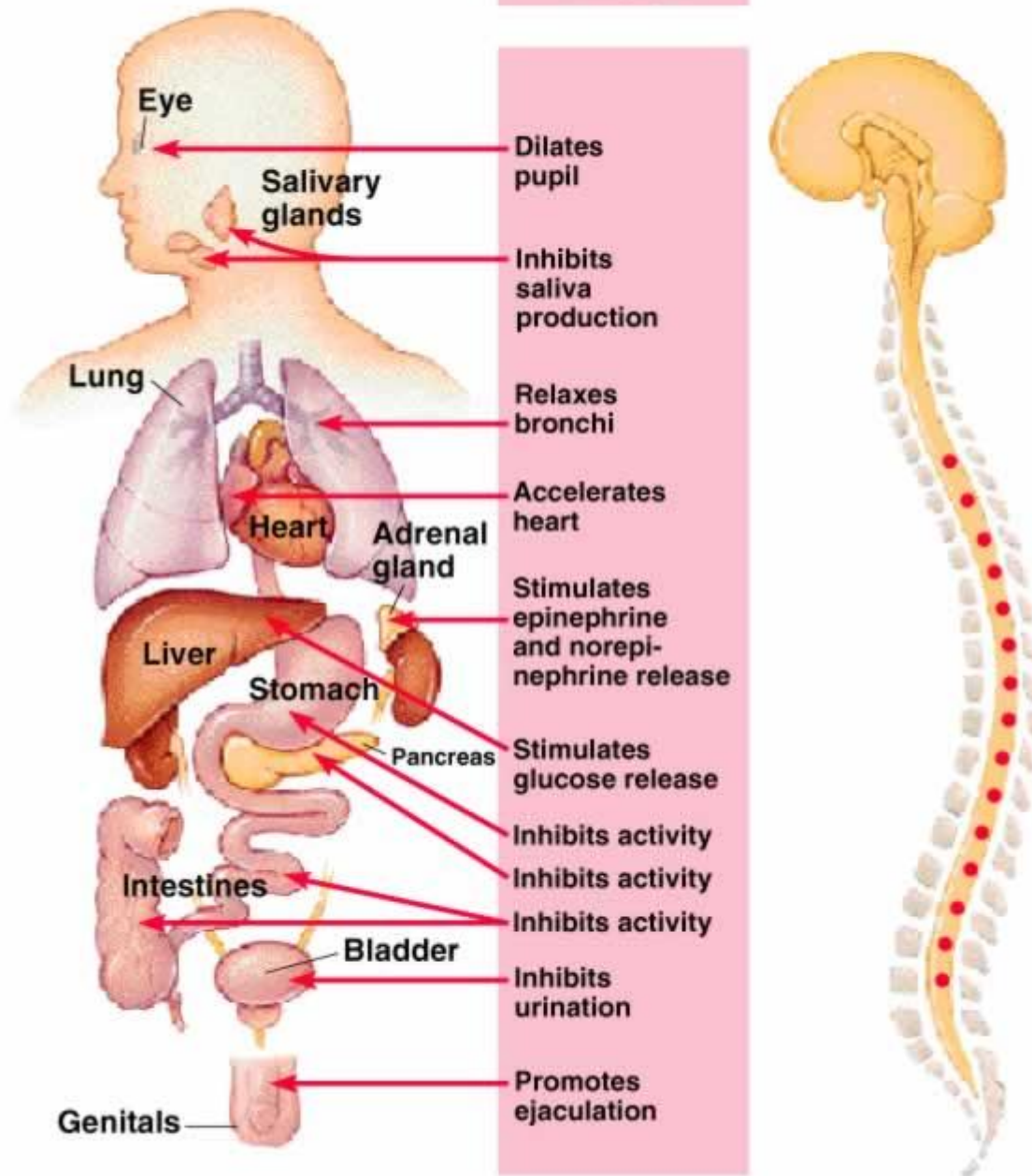
Divisions of the Autonomic NS

Sympathetic

- **extreme responses** referred to as “fight or flight”
 - responses involved in emotions of stress, anger, fear
- **Ordinary responses** are **subtle and hardly noticed**, if at all.
 - mild increase in heart rate, breathing rate, increase blood pressure, increased blood flow to



SYMPATHETIC DIVISION

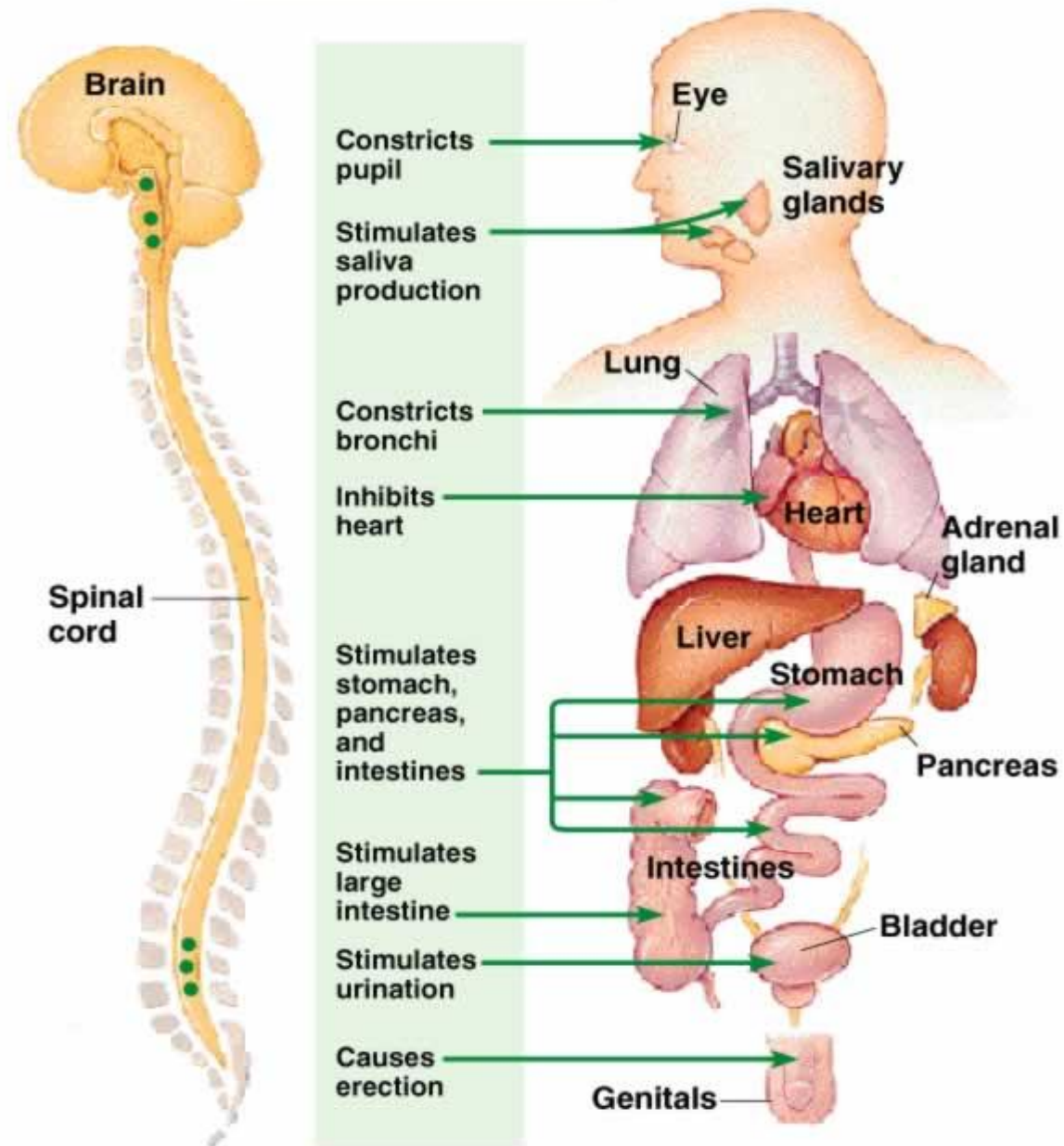


Divisions of the Autonomic NS

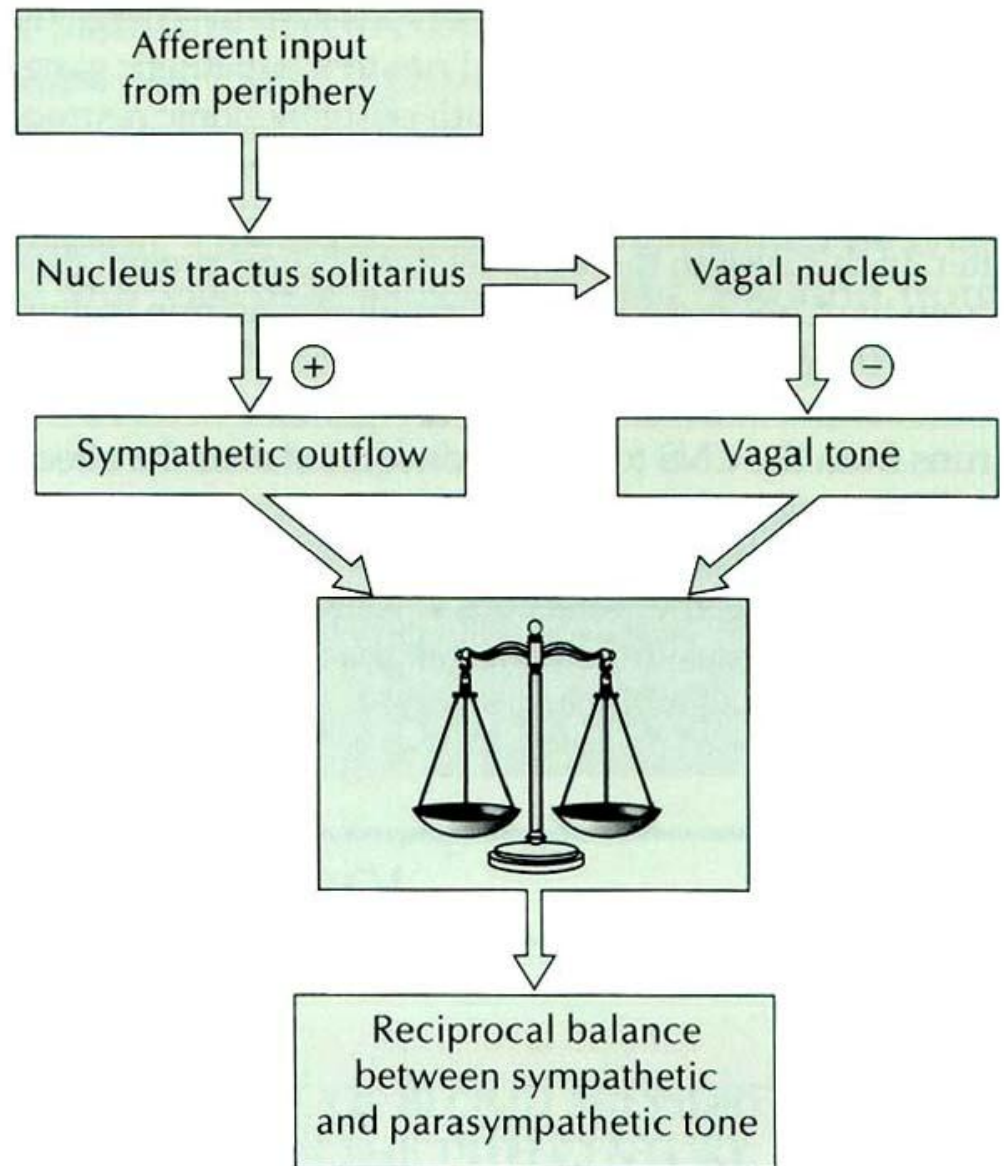
Parasympathetic

- responses opposite that of sympathetic
- responses have a calming effect on body functions seen as “resting and digestion” state
 - associated with reduced energy expenditure and normal body maintenance
 - digestion, and waste elimination

PARASYMPATHETIC DIVISION



- **Both systems acting simultaneously** on the same target organ produces a state of **autonomic tone**
- **shifts of predominance determined by mental and physiological states**



Autonomic Ganglia

- sympathetic trunk (chain) ganglion
 - string of autonomic ganglia lying alongside the spinal cord from the base of the skull to the coccyx (one on each side of the cord)
 - They are connected to the spinal nerves by rami
- collateral" ganglion
 - located near the organs they serve.
 - usually have their own anatomic names (e.g., the cervicothoracic ganglion)
- terminal ganglion
 - analogous to the collateral ganglia, but they are usually located within the substance of the organs they serve.

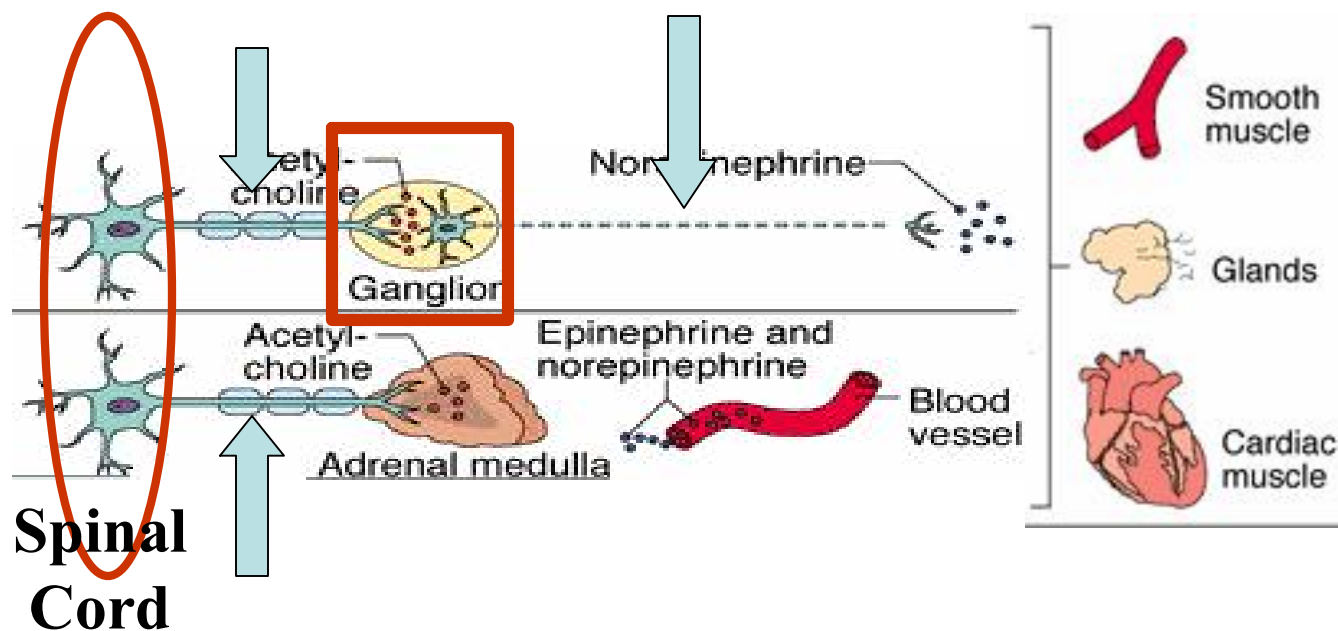
Adrenal Medulla: a postganglionic neuron

One final special case should be mentioned.

- **adrenal medulla** is formed from neural crest cells in embryonic life therefore its cells have some of the characteristics of neurons.
- They are secretory,
 - they secrete (adrenaline and noradrenaline) are known to be neurotransmitters,
 - They are capable of responding to a neuronal signal: i.e., they are "excitable" cells.
- The preganglionic nerve fiber from the CNS enters the adrenal medulla and there it synapses with one of the secretory cells.
- The secretory cells respond by secreting its product into the bloodstream.

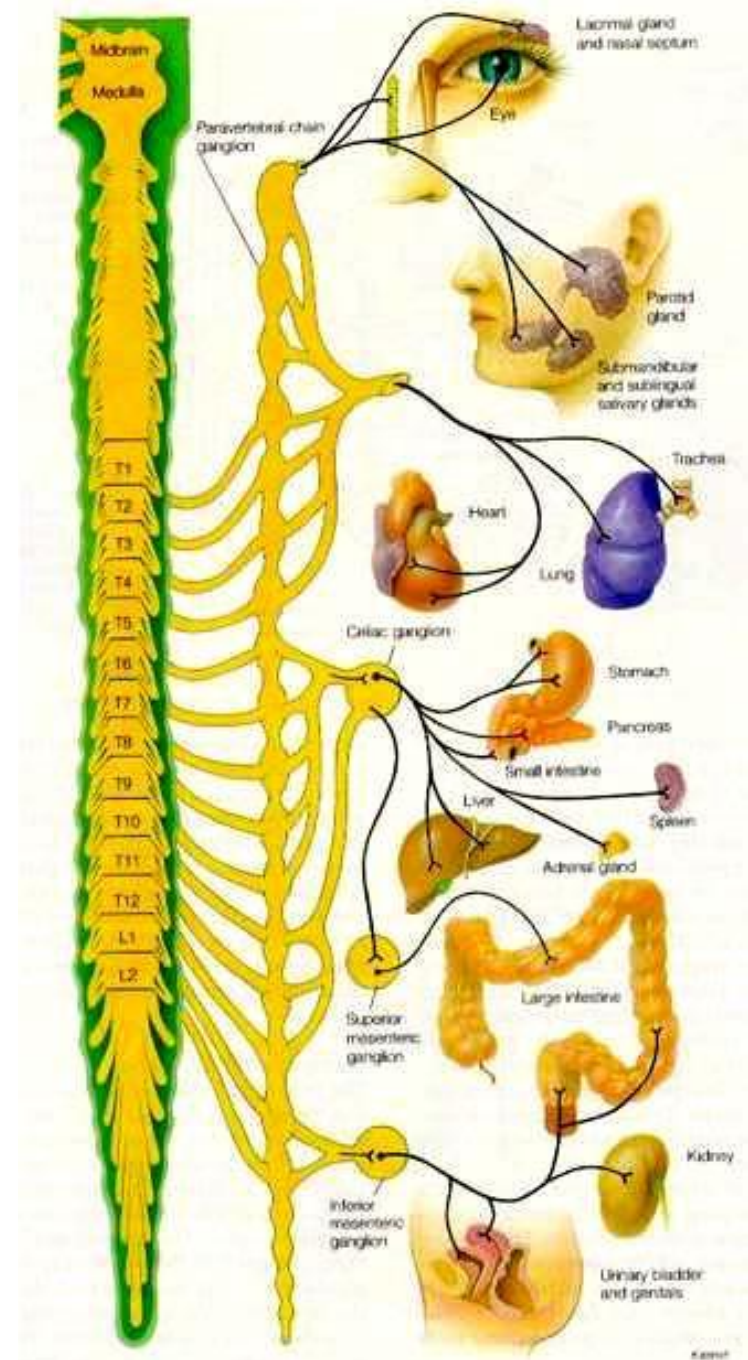
Sympathetic Innervation of Visceral Targets

- Short, lightly myelinated preganglionic neurons
- Long, unmyelinated postganglionic neurons
- Ganglia close to spinal cord



Sympathetic Division

- also called **thoracolumbar division** because they arise from the thoracic and lumbar regions of the cord.
- has short preganglionic and long postganglionic fibers
- **preganglionic somas are in the lateral horns** and nearby regions of the gray matter
- fibers exit by way of spinal nerves T1-L2
- fibers lead to **sympathetic chain of ganglia (paravertebral ganglia)** along each side of the cord

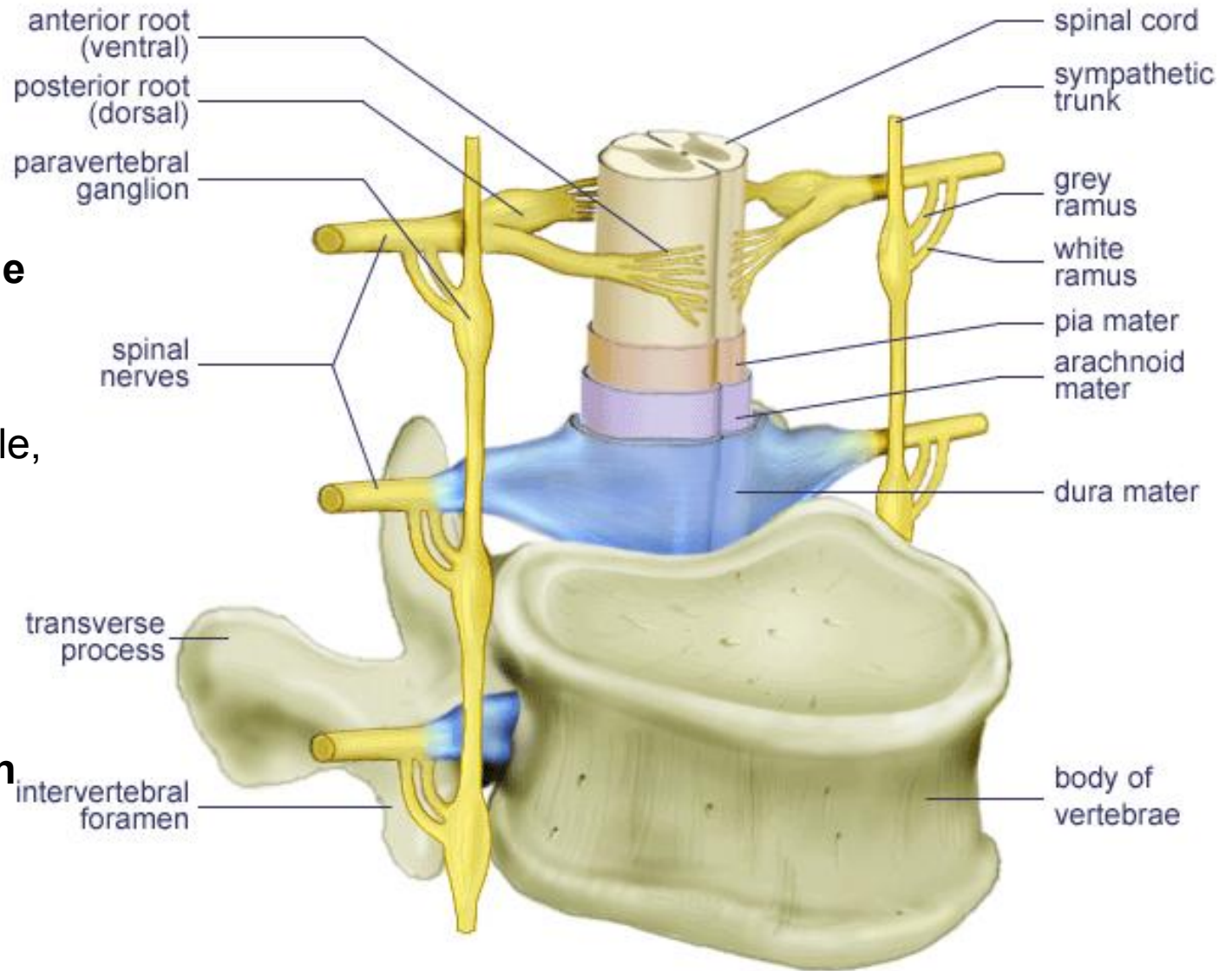


Paravertebral Ganglia

- although the chains receive input from only the thoracolumbar regions, they **extend from the cervical to the sacral cord**

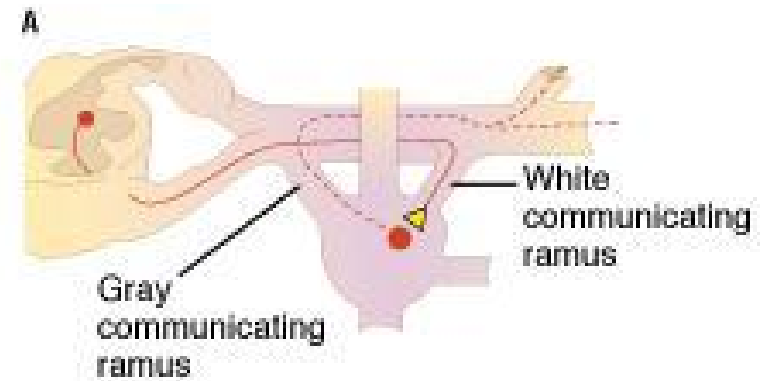
- usually there are 3 cervical (superior, middle, inferior), 11 thoracic, 4 lumbar, 4 sacral, and 1 coccygeal

- In the thoracolumbar region, each **paravertebral ganglion is connected to the spinal nerve by two branches called communicating rami**



Sympathetic Division

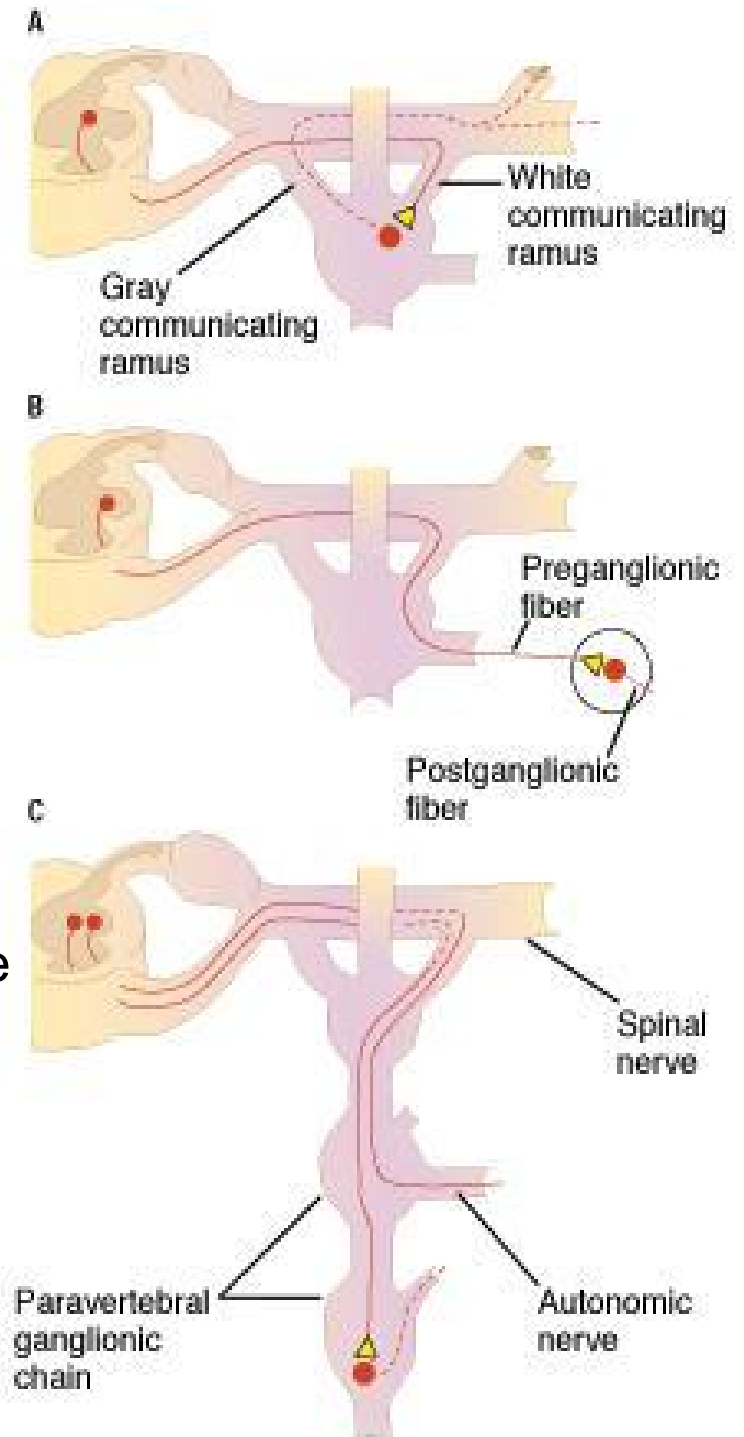
- preganglionic myelinated fibers travel from spinal nerve to ganglia through **white communicating ramus**
- unmyelinated postganglionic fibers leave the ganglion by way of the **gray communicating ramus**



Sympathetic Division

Once in paravertebral chain, fiber may take one of three paths

- A) May synapse in ganglion with postganglionic neuron, postganglionic neuron sends axon in gray communicating ramus (gray because unmyelinated) back to spinal nerve and out to body organ
- B) Axon may pass through sympathetic ganglion without synapsing, exit the ganglion via an autonomic nerve, and synapse in a more distant ganglion in the body cavity, such as **celiac** or **superior mesenteric ganglion (prevertebral ganglia)**
- C) If axon leaves cord via an upper thoracic or lower lumbar spinal nerve, it may ascend or descend to another ganglion



Sympathetic Division

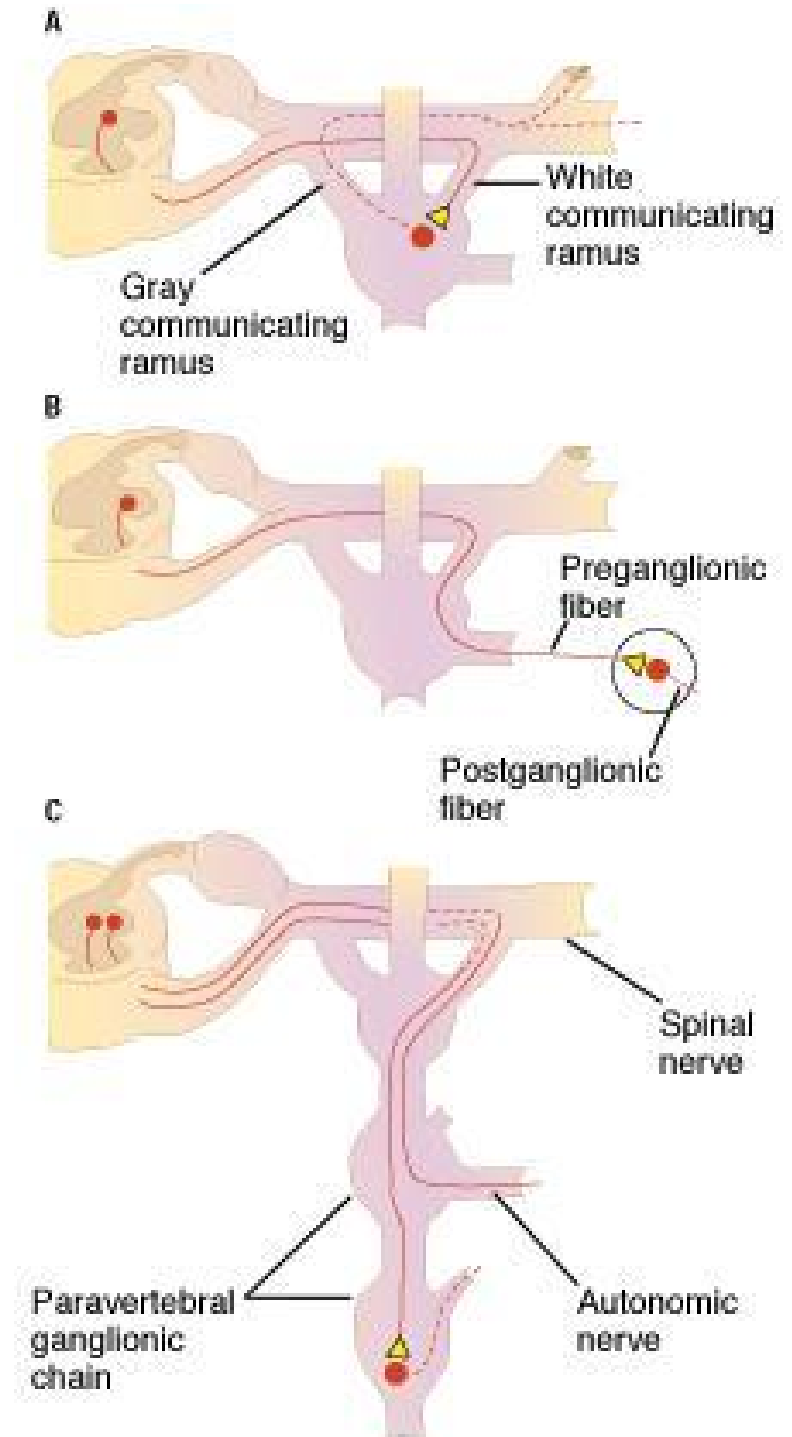
- Pre and post ganglionic fibers demonstrate convergence and divergence
 - there is no simple one-to-one relationship between pre and post ganglionic neurons
 - each postganglionic cell may receive synapses from multiple preganglionic cells: **neuronal convergence**
 - each preganglionic fiber branches and synapses with multiple postganglionic fibers: **neuronal divergence**
 - allows sympathetic division to have a relatively widespread effect

Sympathetic Division

- Sympathetic nerve fibers leave the paravertebral ganglia by three routes:
 - spinal nerves
 - sympathetic nerves
 - splanchnic nerves

Sympathetic Division

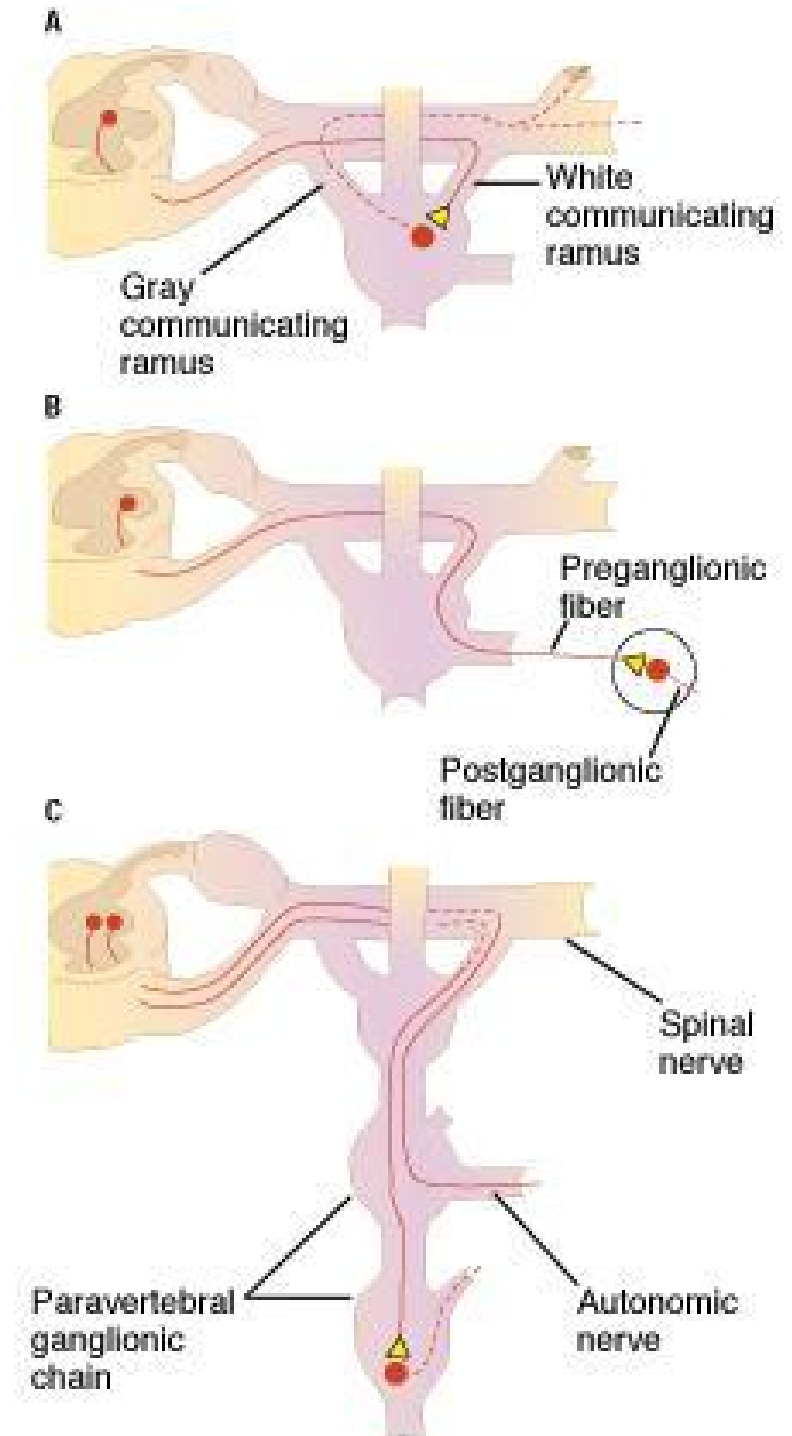
- **A. spinal nerve-** postganglionic fibers exit by way of the gray ramus, return to the spinal nerve or its subdivision, and travel the rest of the way to the target organ
- **This is the route that innervates most effectors in the body wall** (sweat glands, piloerector muscles, and blood vessels of the skin and skeletal muscles)



Sympathetic Division

- **C. Sympathetic nerve route-** postganglionic fibers leave by way of sympathetic nerves that extend to the heart, lungs, esophagus, and thoracic blood vessels
- these fibers form plexus around each carotid artery and issue fibers from there to effectors in the head (sweat glands, salivary and nasal glands: piloerector muscles: blood vessels:, and dilators of the iris
- Some fibers from the superior cervical ganglion form the **cardiac nerves** to the heart.

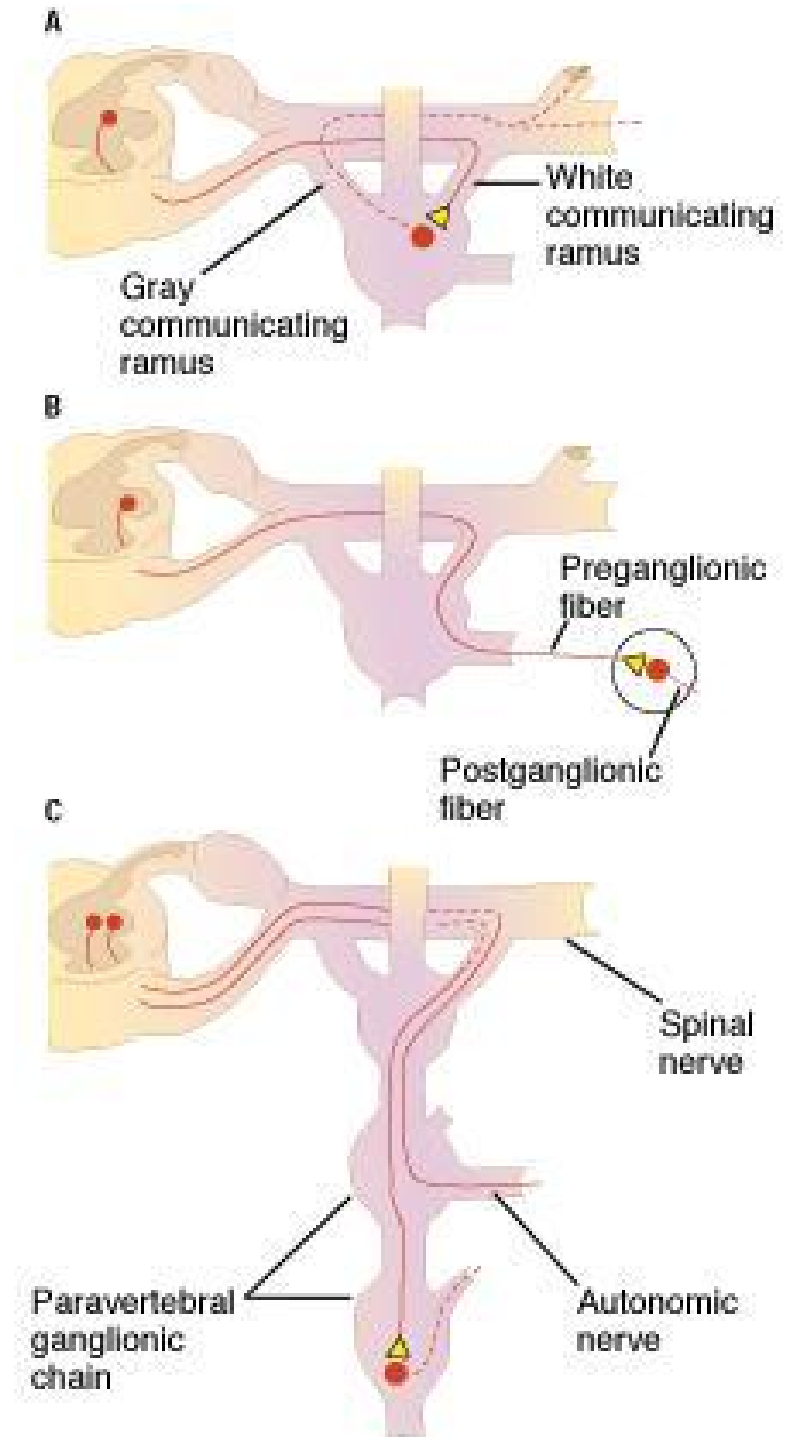
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Sympathetic Division

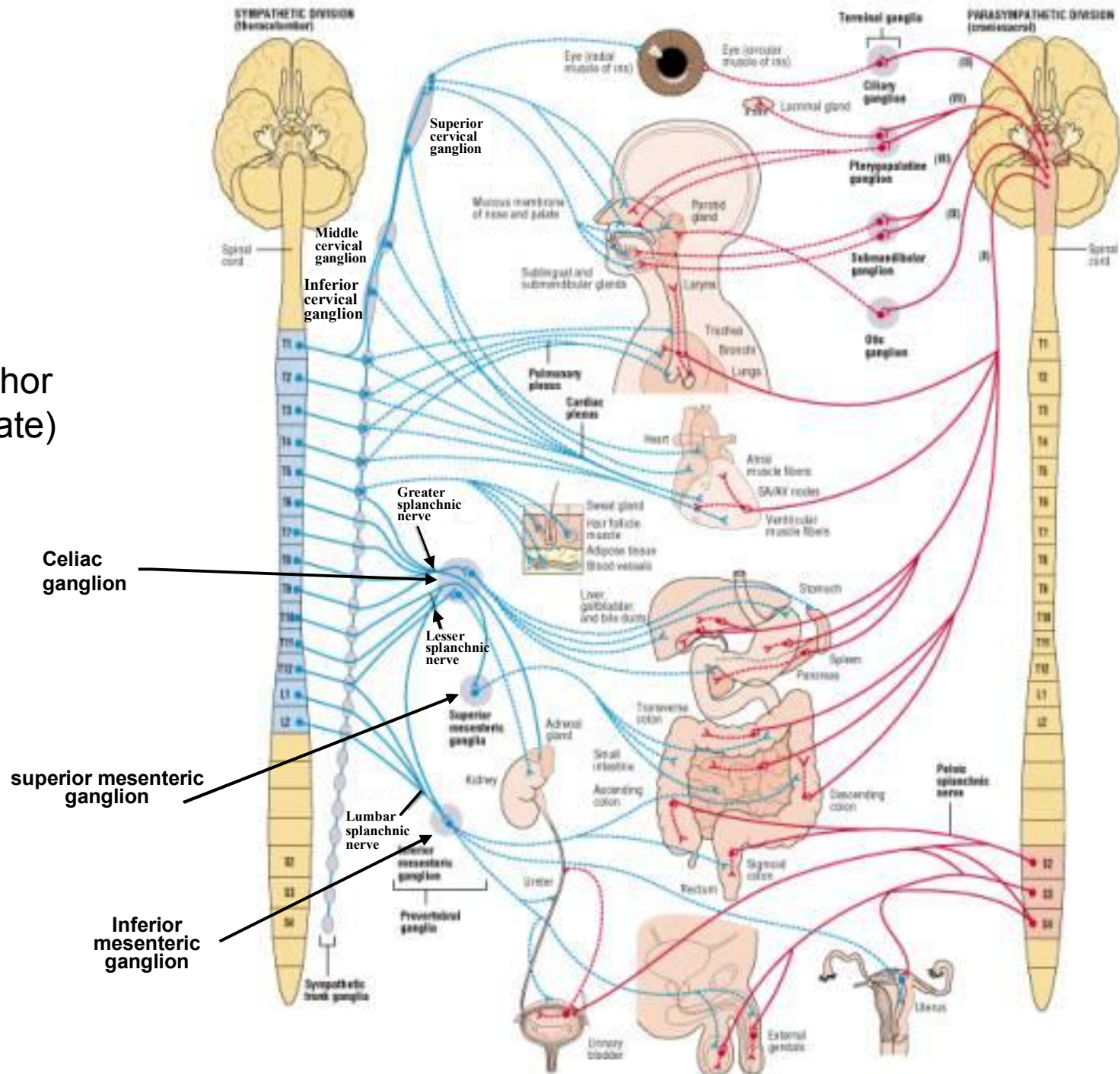
- **B. splanchnic nerve** (any nerve which innervates viscera) **route-** formed from fibers originating predominately from T5-T12 and pass through the chain ganglia without synapsing.
- beyond the ganglia, they form **greater, lesser, and lumbar (least) splanchnic nerves**
- these lead to the collateral (prevertebral ganglia which contribute to a network called the **abdomino aortic plexus** that wraps around the aorta
- three major collateral ganglia
 - **celiac** (solar plexus)
 - **superior mesenteric**
 - **inferior mesenteric**

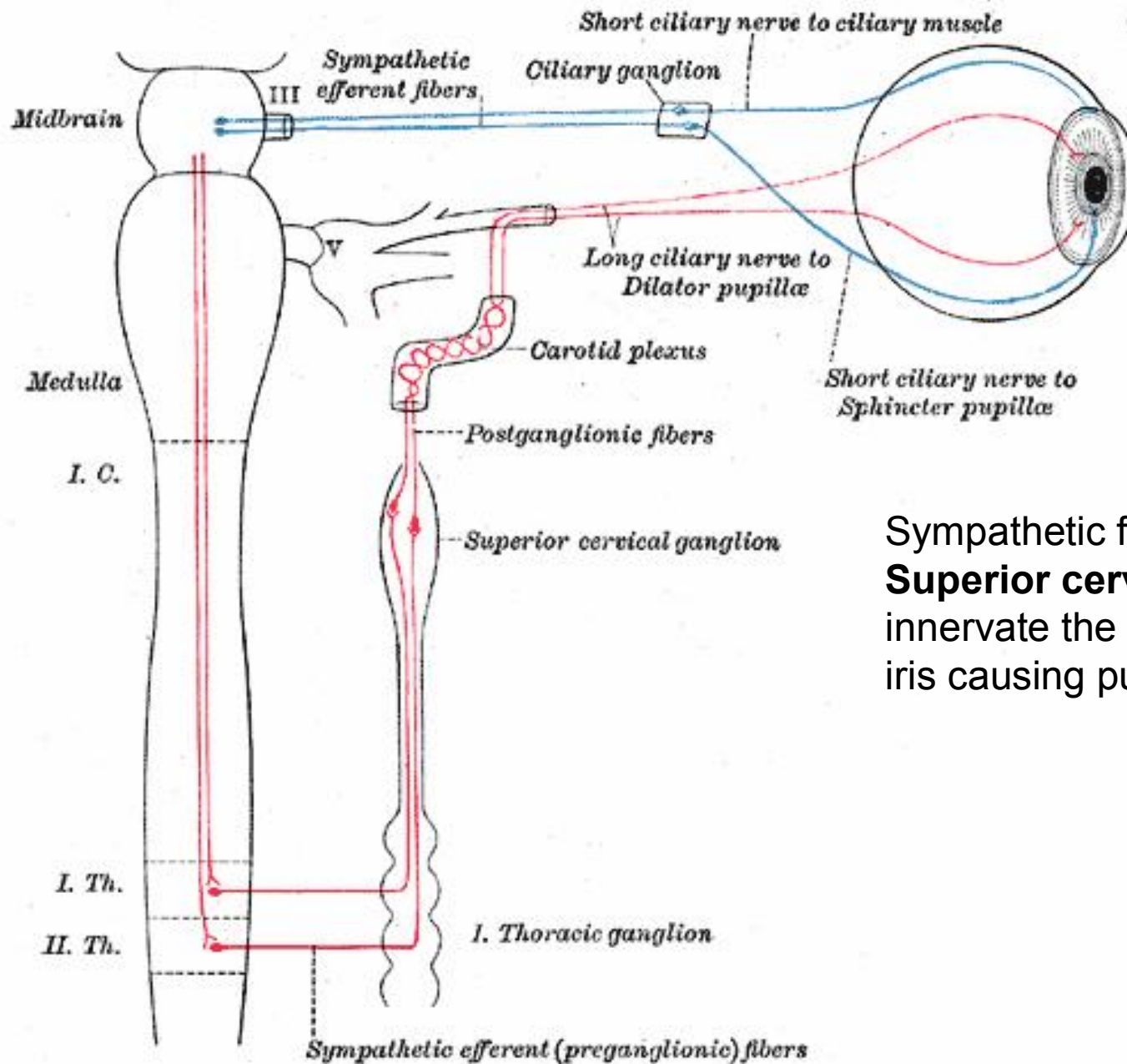
solar plexus



Cervical Ganglia

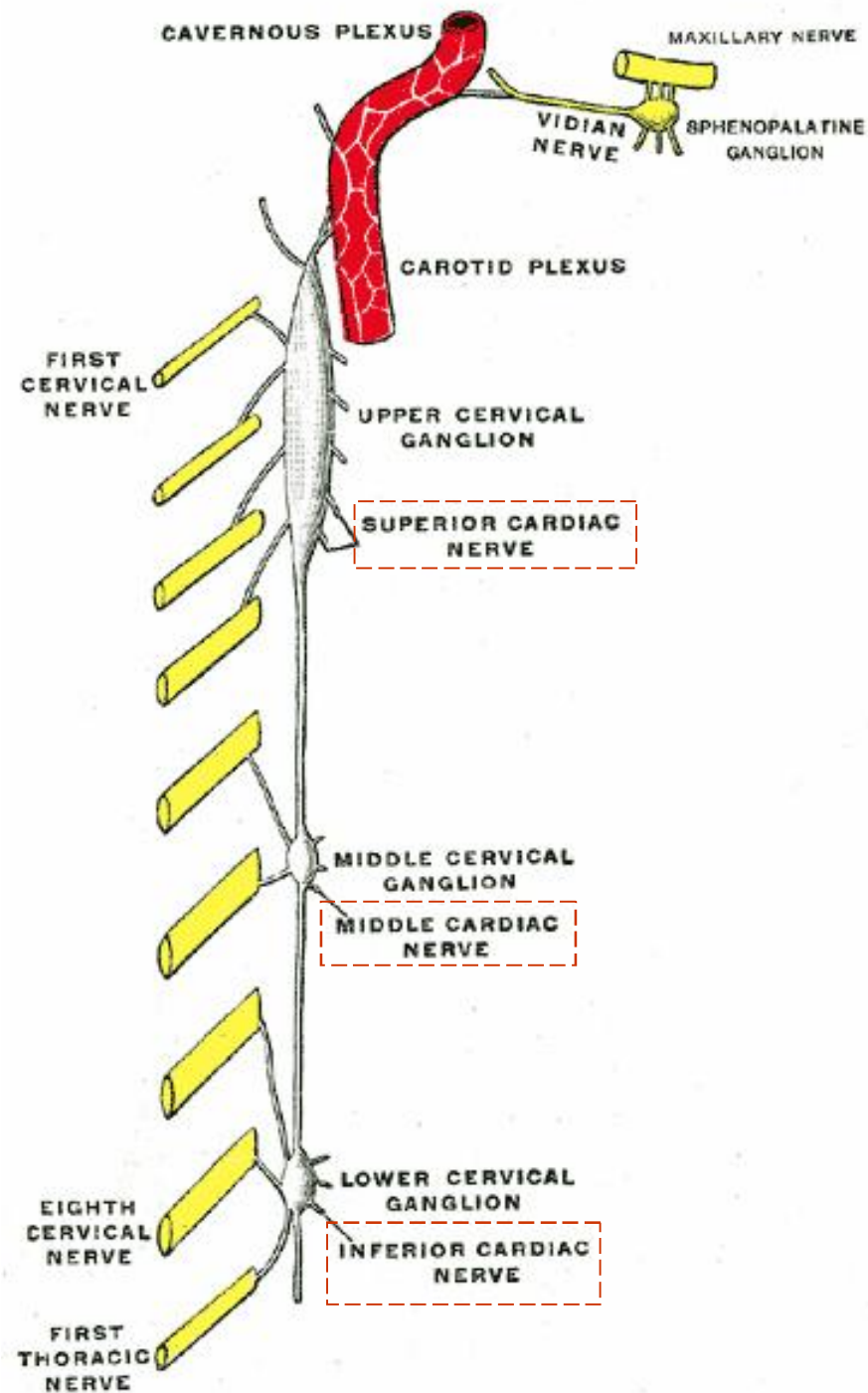
1. Superior
2. Middle
3. Cervicothoracic (Stellate)

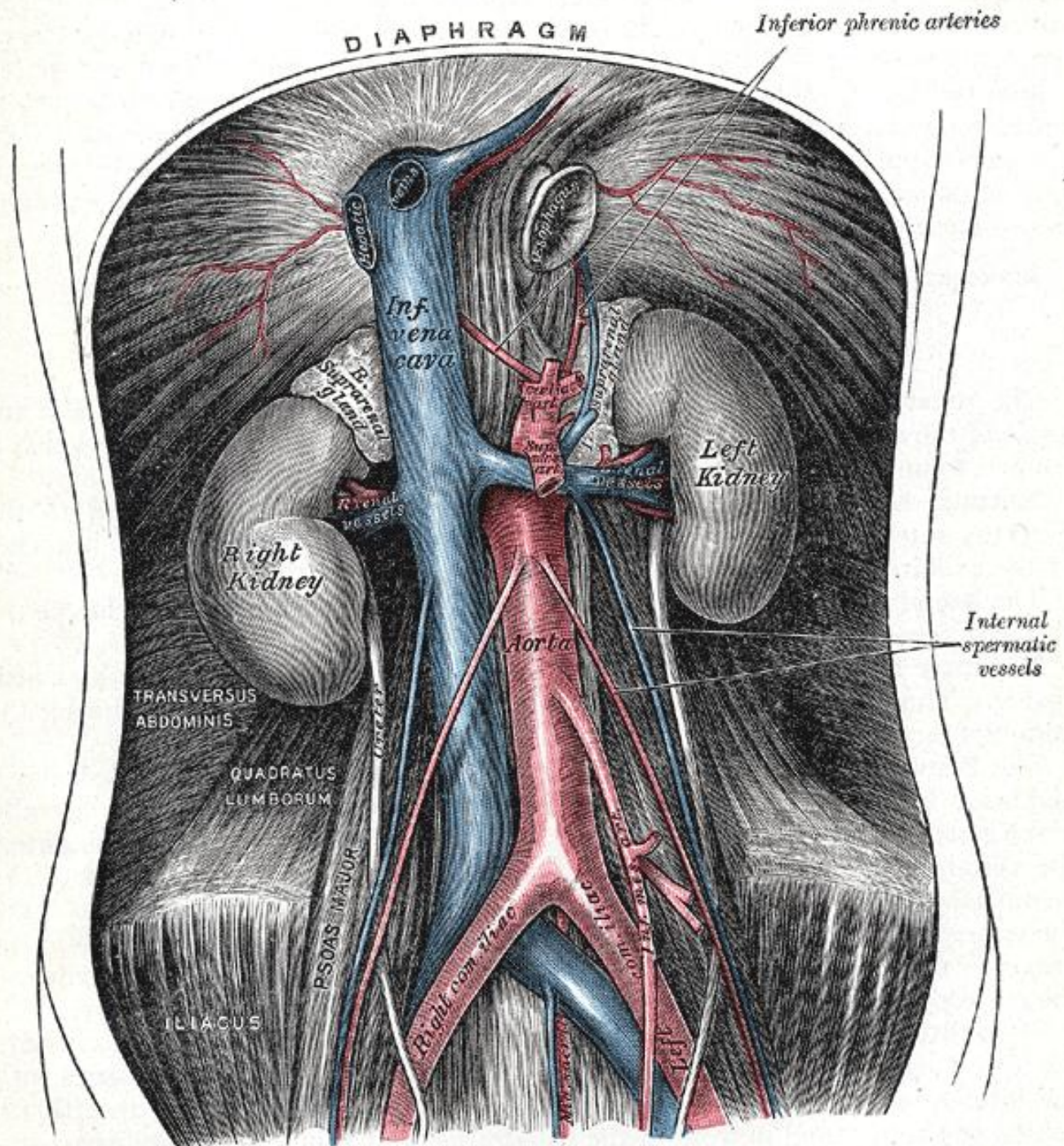


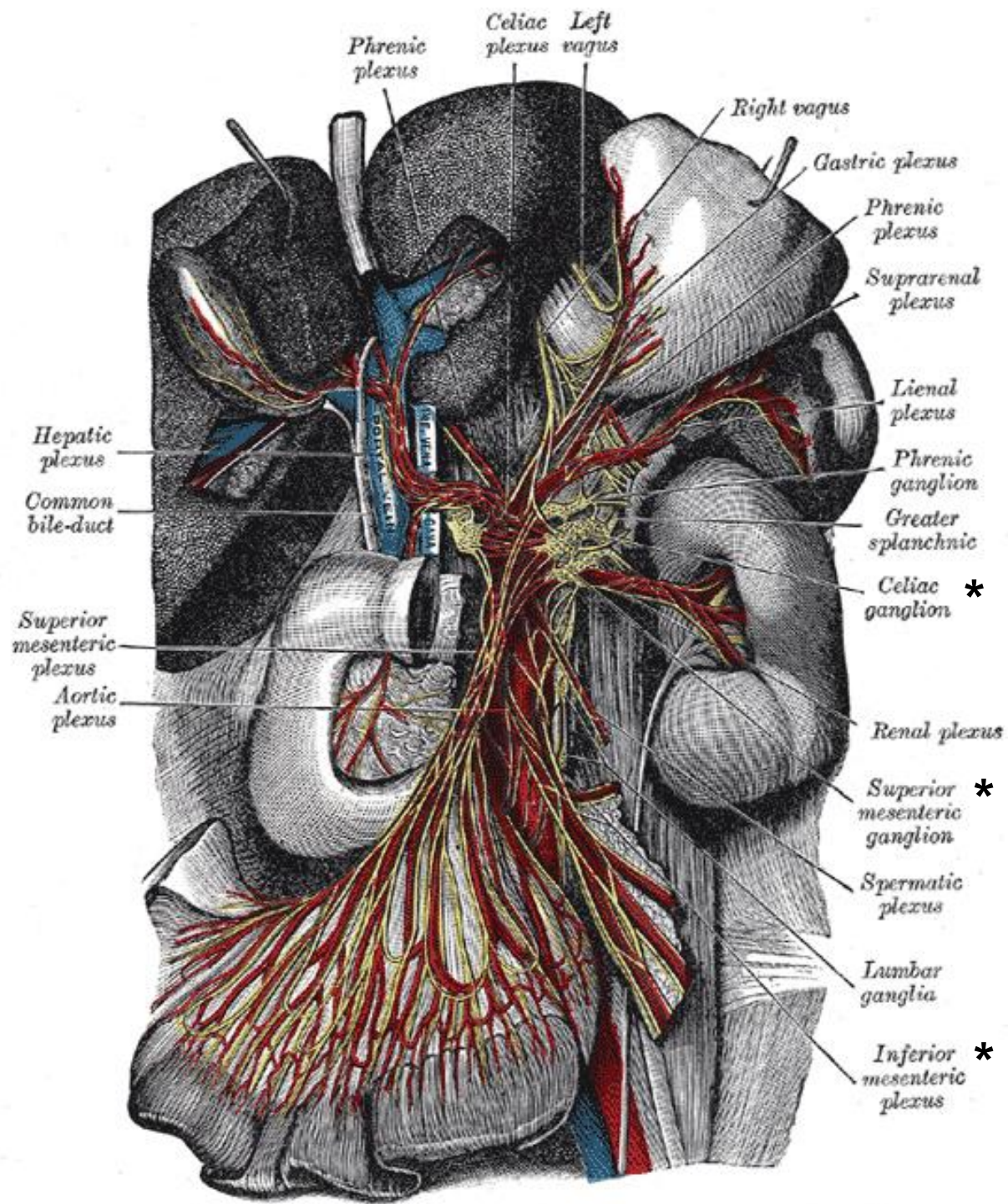


- Ciliary muscle on receives parasympathetic innervation
- Iris receives both sym and para innervation

Sympathetic fibers leave the **Superior cervical ganglia** to innervate the Sphincter pupillae of iris causing pupillary dilation.





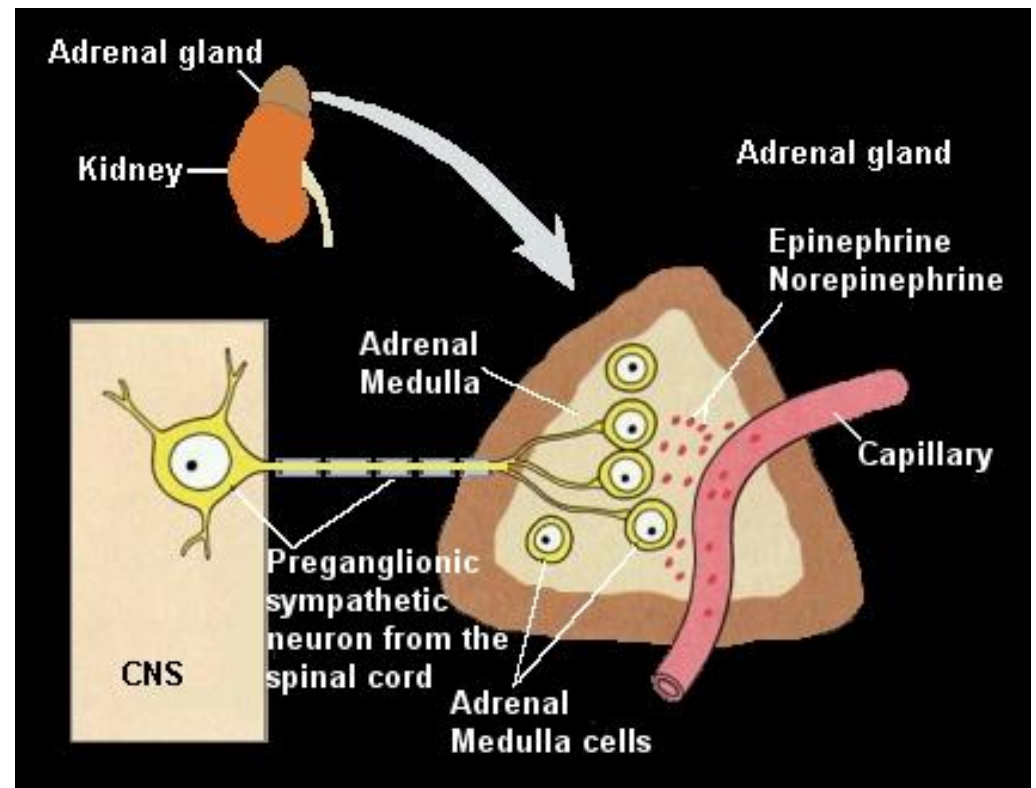


Celiac Ganglion

- Celiac Ganglion (semilunar or solar)
 - Prevertebral ganglia, on the upper part of the abdominal aorta on either side of the celiac artery, containing the sympathetic neurons whose unmyelinated postganglionic axons innervate the
 - stomach, liver, gallbladder, spleen, kidney, small intestine, and the ascending and transverse colon.
- Superior mesenteric ganglia proximal intestine and abdominal organs
- Inferior mesenteric ganglia- innervates viscera of the distal intestines and pelvis

Adrenal Gland

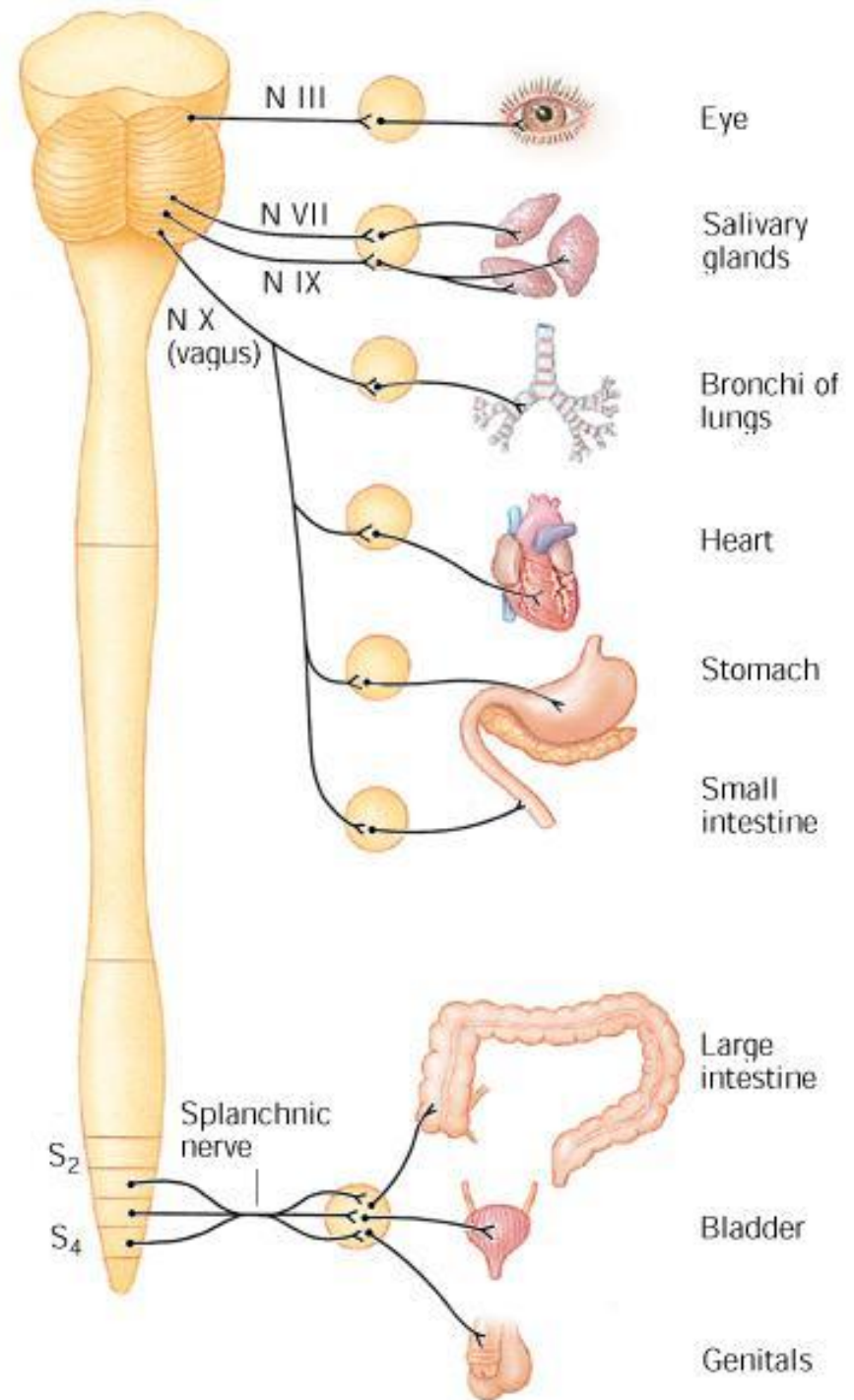
- Each gland is actually two glands in one
- outer cortex secretes cortisol when stimulated
- inner medulla **is a modified sympathetic ganglion**
 - consist of modified postganglionic neurons without dendrites or axons
 - sympathetic preganglionic fibers penetrate through the cortex and terminate on these cells
- when stimulated it **secretes epinephrine and norepinephrine and a trace of dopamine into the blood stream**



preganglionic fibers from the greater splanchnic nerve, via the celiac ganglion, supplies the adrenal medulla

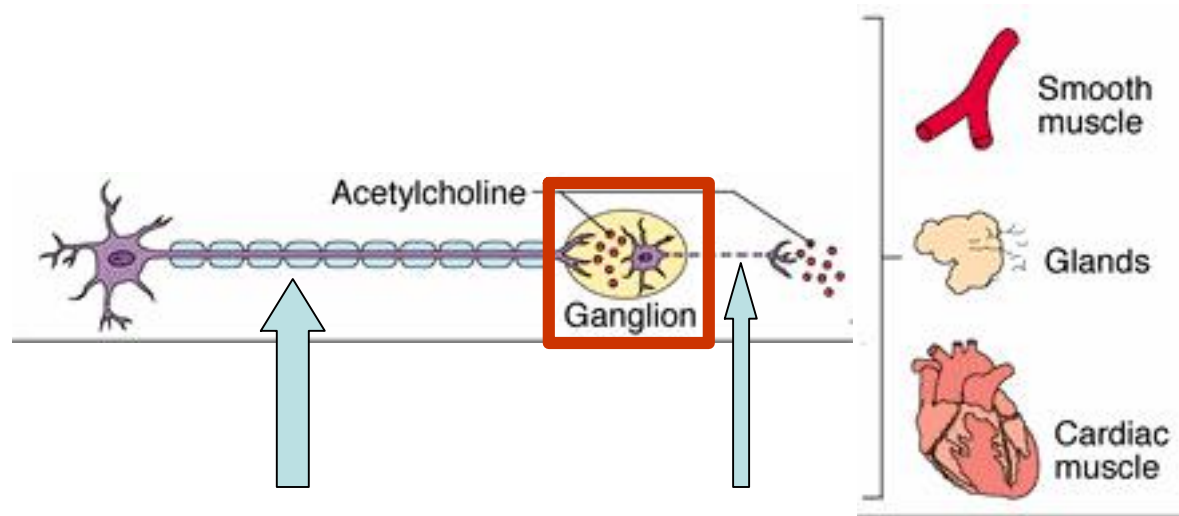
Parasympathetic Division

- also called **craniosacral division**
 - arises from brain and sacral cord
 - fibers travel in certain cranial and sacral nerves
 - preganglionic neurons located in the pons, medulla, and segments S2-S4 of cord
 - they issue **long preganglionic fibers** which end in **terminal ganglia** in the wall (**intramural ganglion**) or near the target organ, thus, **short postganglionic fibers**
- there is some neural divergence, but much less than in the sympathetic
 - **thus is relatively selective in its stimulation of target organs**



Parasympathetic Innervation of Visceral Targets

- Ganglia close to or on target organs
- Preganglionic neurons - long
- Post ganglionic neurons - short



Parasympathetic Division

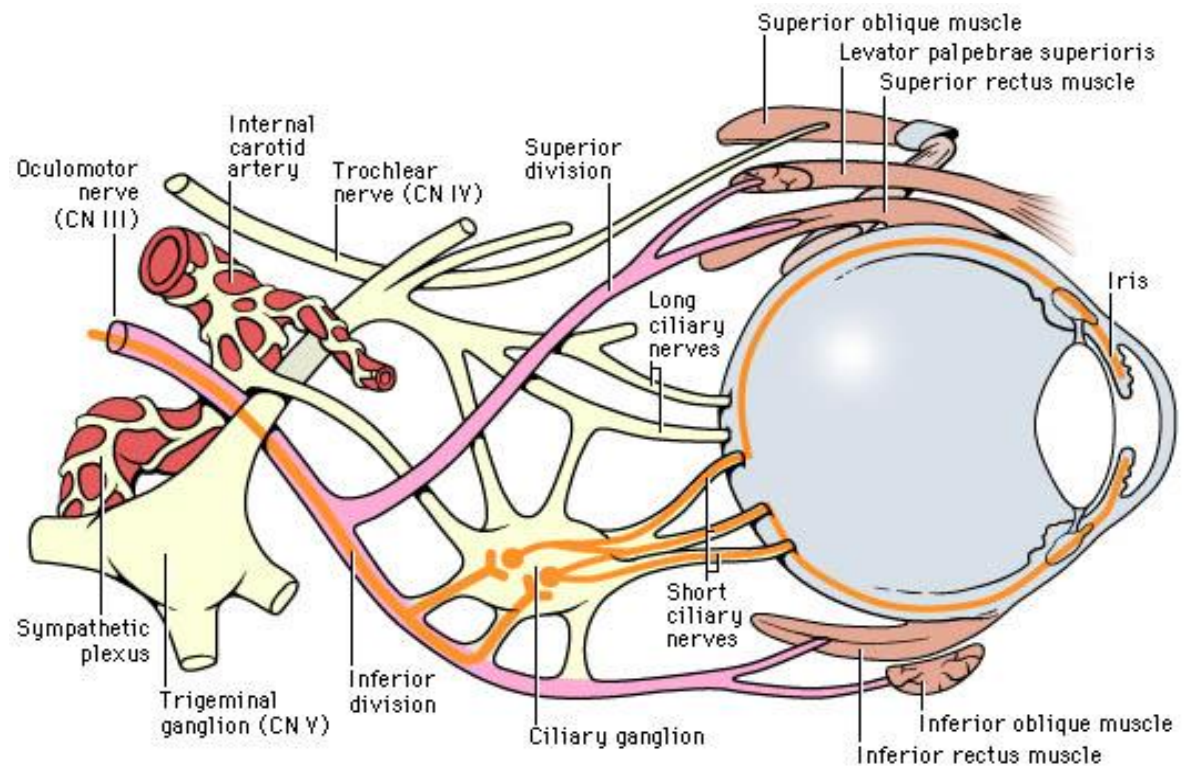
Parasympathetic fibers leave the brain stem by way of four cranial nerves

1. Oculomotor nerve (CN III)
2. Facial nerve (CN VII)
3. Glossopharyngeal nerve (CN IX)
4. Vagus nerve (CN X)

Parasympathetic Division: Oculomotor Nerve (CN III)

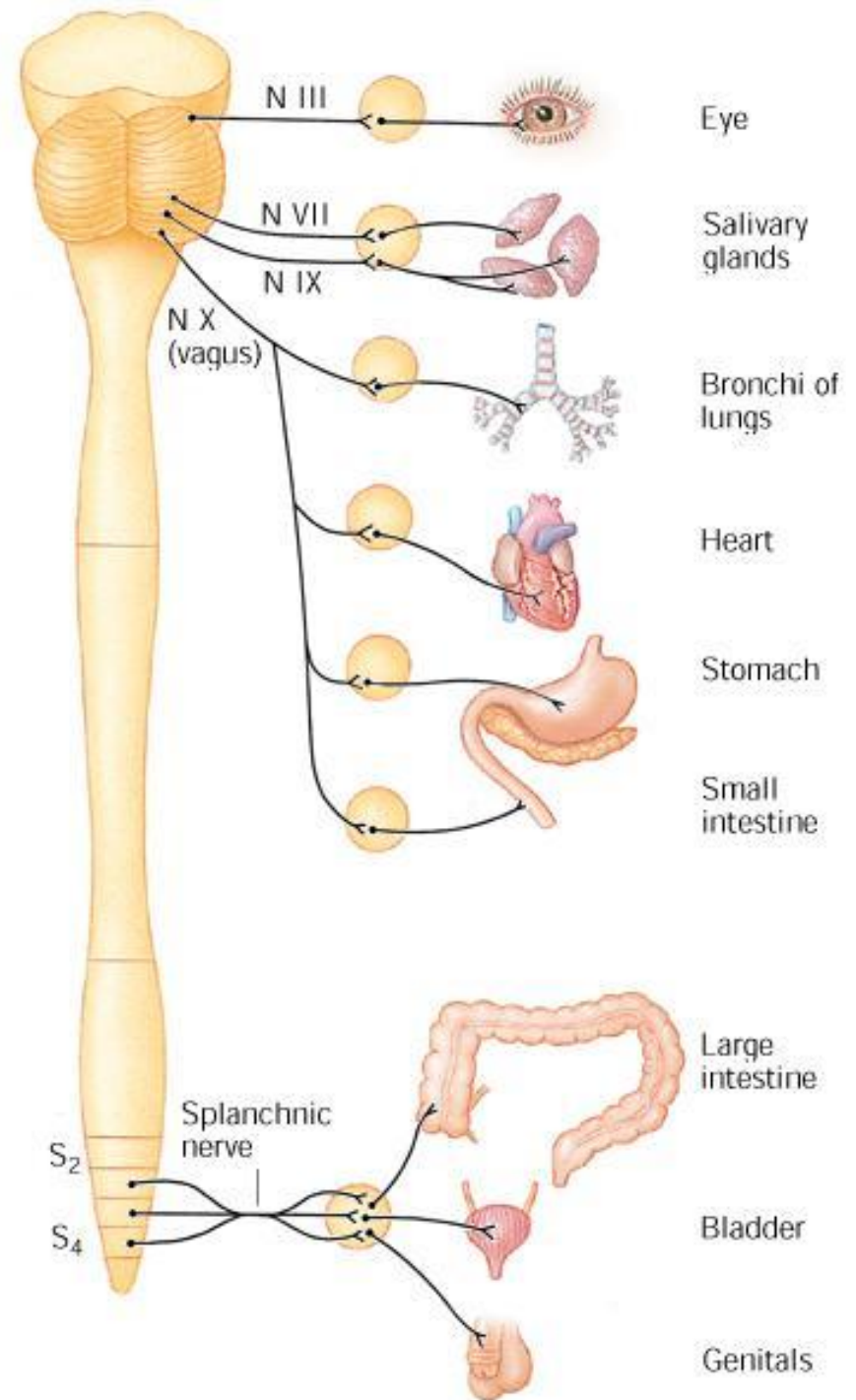
oculomotor (III)- fibers control lens and pupil of eye

- preganglionic fibers enter the orbit and terminate in the **ciliary ganglion**
- postganglionic fibers enter the eyeball and innervate the **ciliary muscle** (thickens the lens), and the **pupillary constrictor**, which narrows the pupil



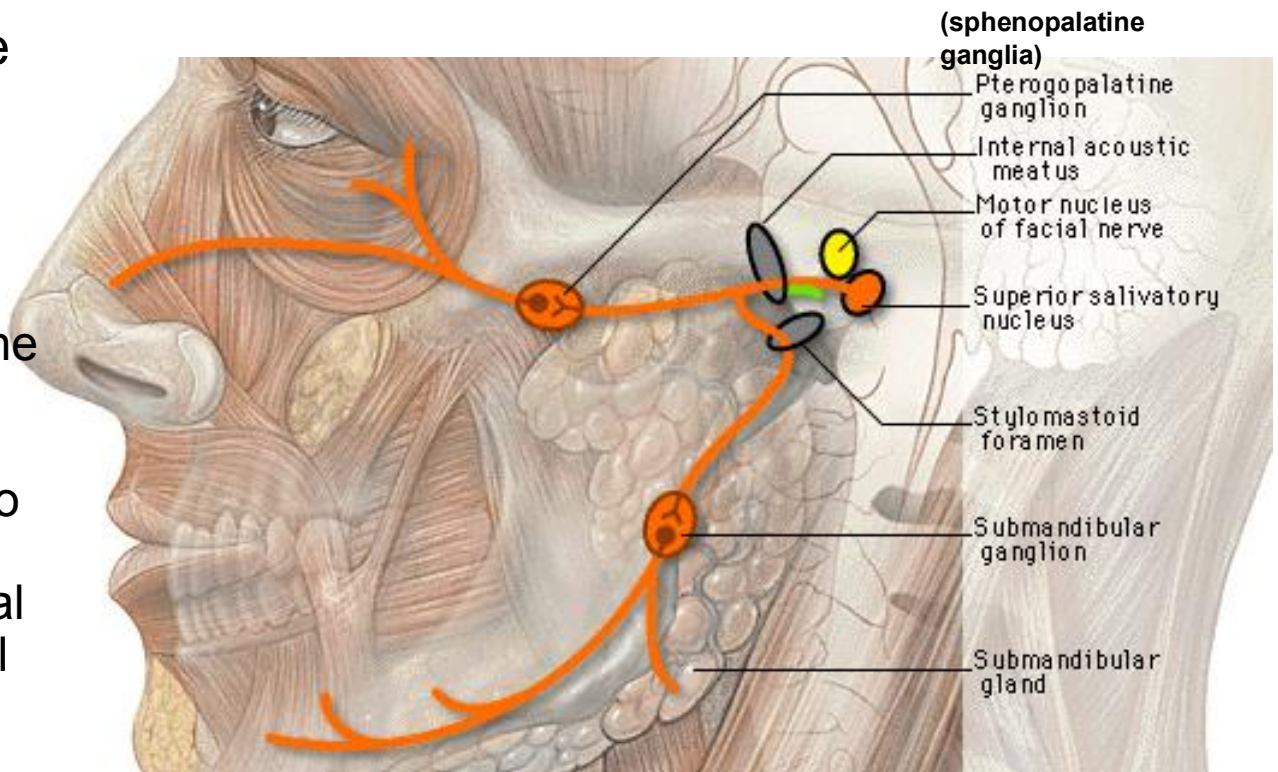
Parasympathetic Division: Facial Nerve (CN VII)

- **Facial nerve (VII)**
 - fibers regulate the tear glands, salivary glands, and nasal glands
 - parasympathetic fibers leave pons and form two branches that end at the
 - **sphenopalatine ganglion**
 - **submandibular ganglion**



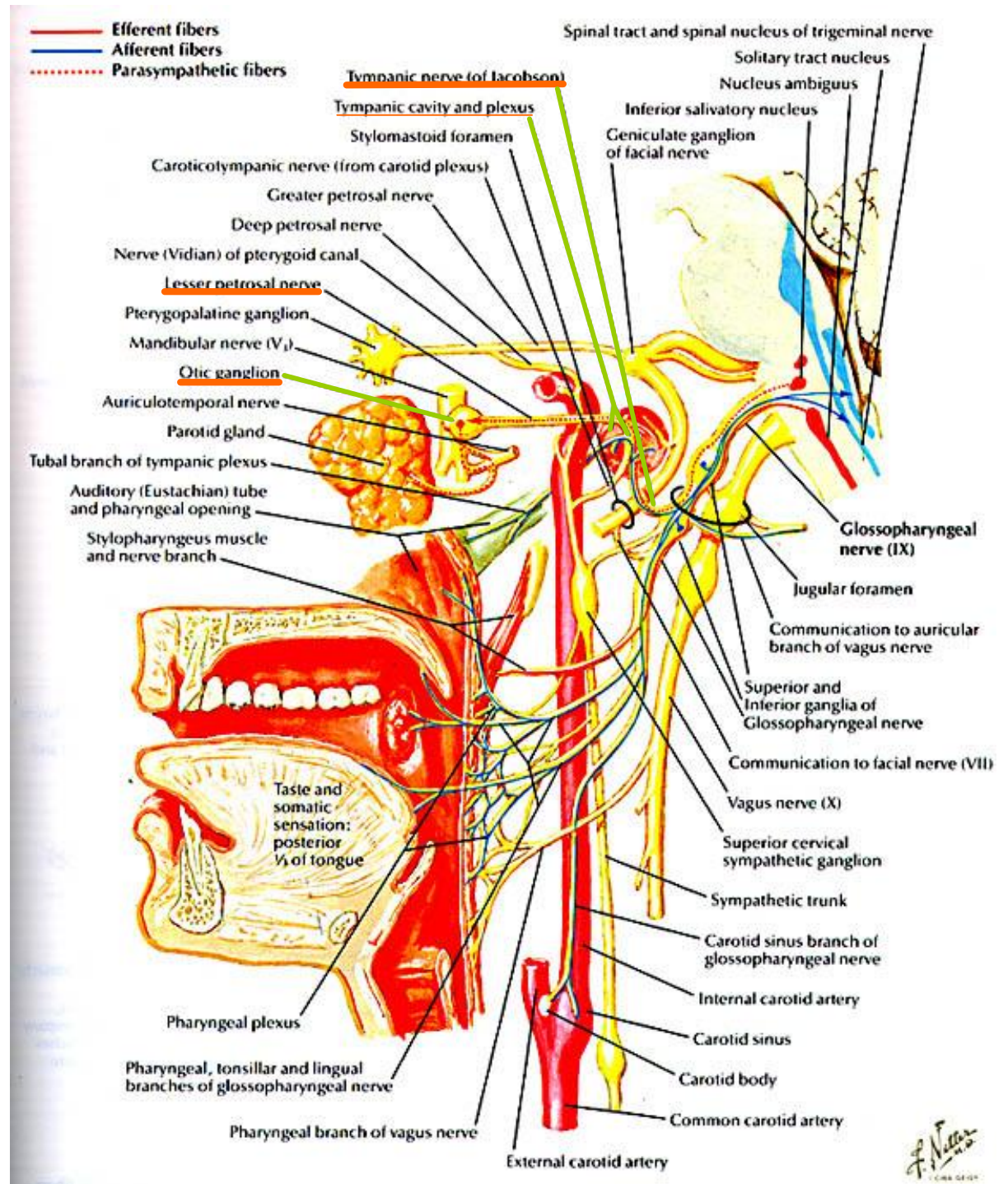
Facial Nerve (CN VII)

- soon after the facial nerve emerges from the pons, its parasympathetic fibers split and form two smaller branches
 - upper branch end at the **sphenopalatine ganglia** whose postganglionic fibers to innervate tear glands and glands of the nasal cavity, palate, and oral cavity
 - lower branch ends at the **submandibular ganglion** and whose postganglionic fibers supply the salivary glands in the floor of the mouth



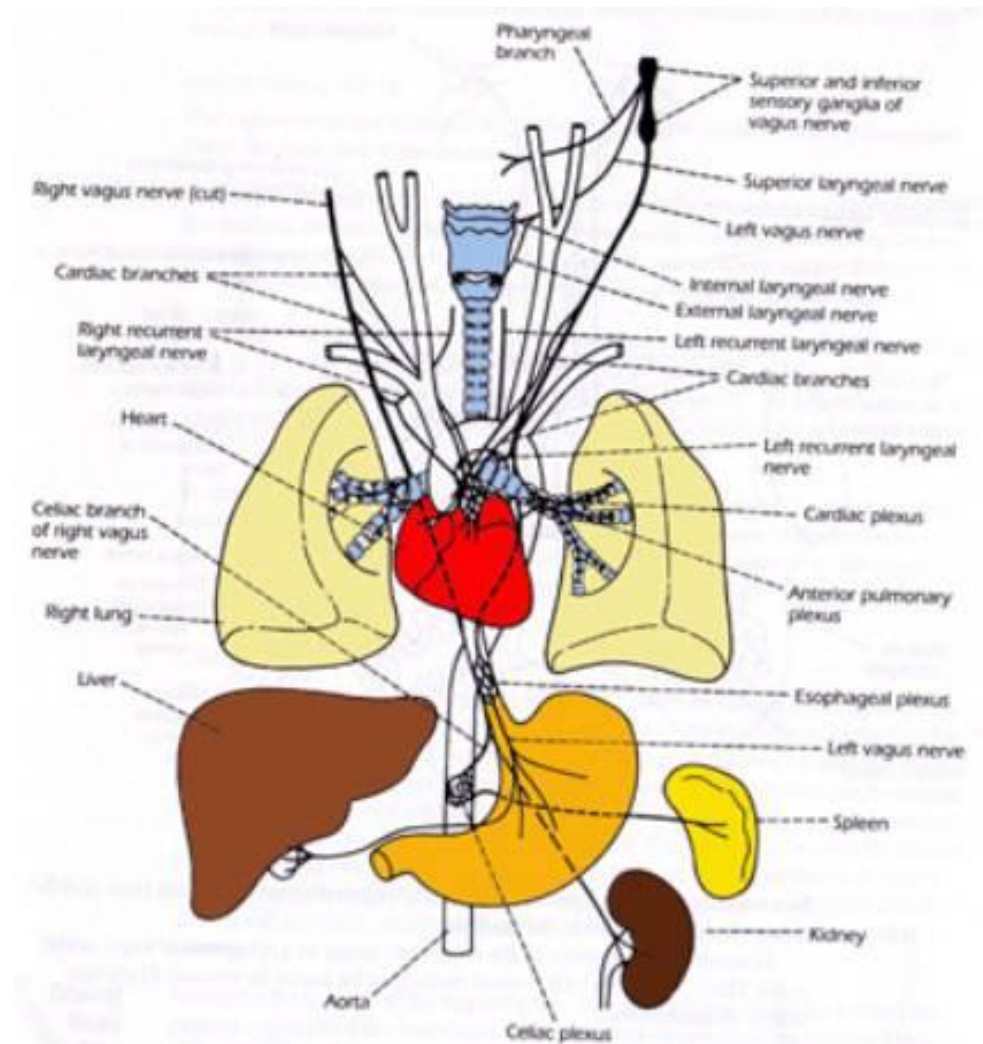
Glossopharyngeal Nerve (CN IX)

- parasympathetic fibers **concerned with salivation**
- leaves origin to form the **tympanic nerve** which crosses the eardrum and end at the **otic ganglion**
- postganglionic fibers terminate at the **parotid gland**

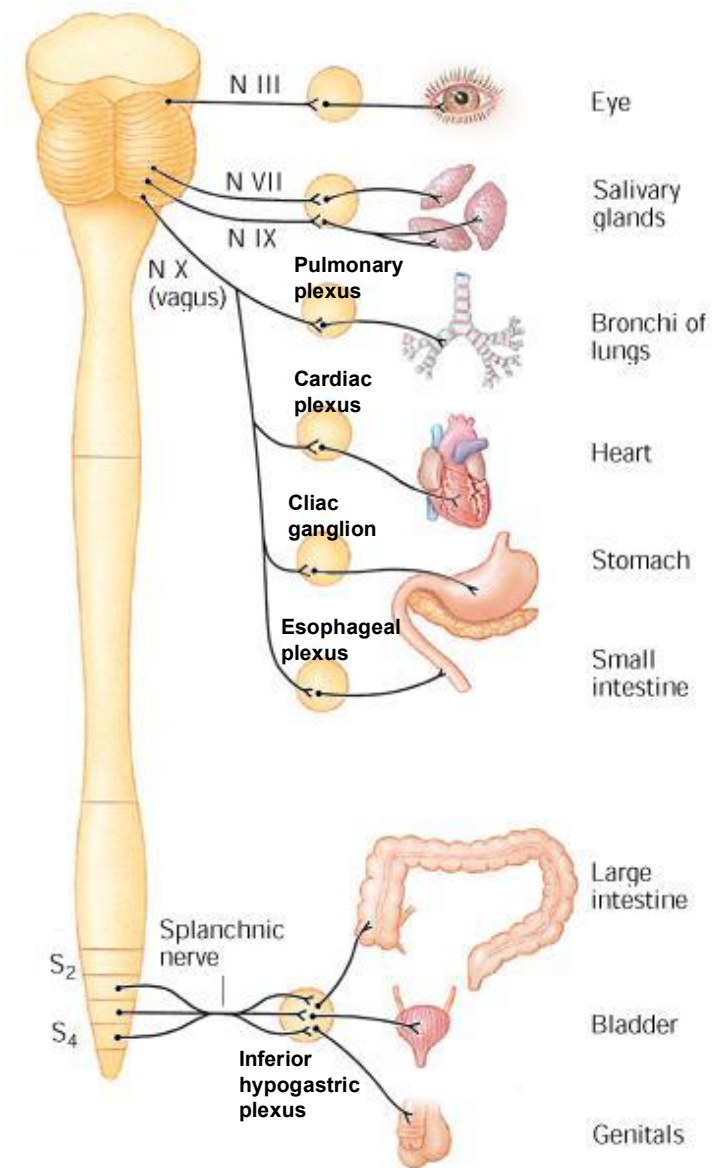


Vagus Nerve (CN X)

- carries about 90% of all parasympathetic fibers
- travels down the neck and forms three networks in the mediastinum
 - **cardiac plexus**- fibers to heart
 - **pulmonary plexus**- accompany bronchi and vessels into lungs
 - **esophageal plexus**- regulate swallowing



- The remaining parasympathetic fibers arise from S2-S4 to form the **pelvic splanchnic nerve** that leads to the inferior **hypogastric (pelvic) plexus**
- most fibers do not synapse here but pass on to their respective terminal ganglia in their target organs (distal half of the large intestine, the rectum, urinary bladder, and reproductive organs)
- **Parasympathetic fibers do not innervate body wall structures (sweat glands, piloerector muscles, or cutaneous blood vessels)**



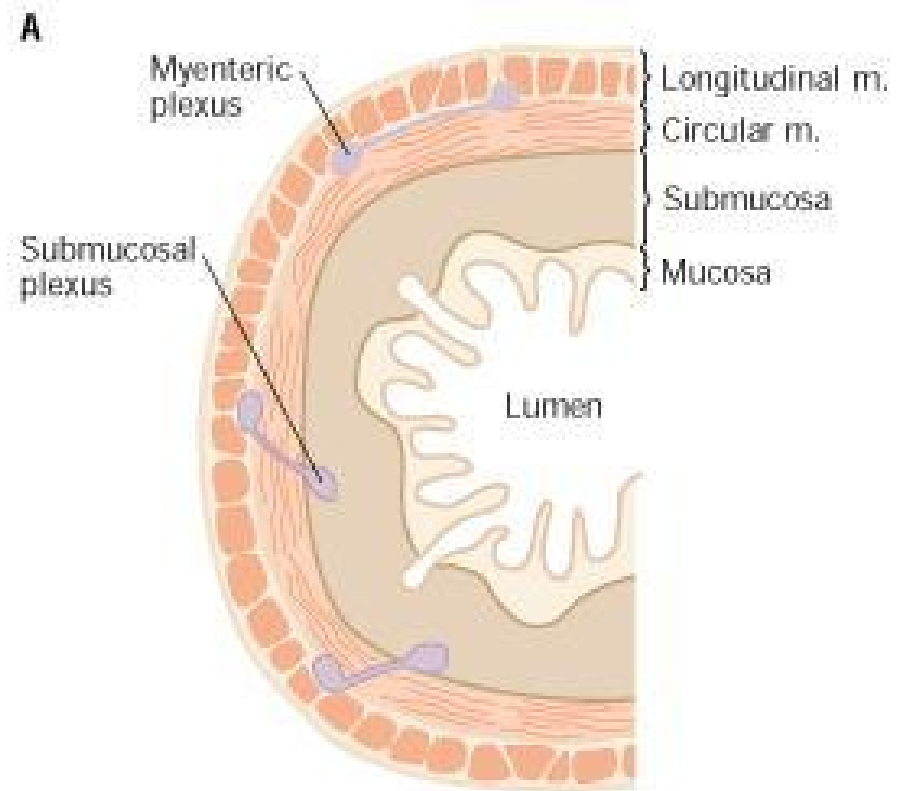
Feature	Sympathetic	Parasympathetic
Origin in CNS	thoracolumbar	craniosacral
Location of ganglia	paravertebral (adjacent to cord) & prevertebral	terminal ganglia or within target organ
Fiber lengths	short preganglionic long postganglionic	long preganglionic short postganglionic
neural divergence	extensive	minimal
effects of system	often wide spread and general	more specific and local

Enteric Nervous System

- Unlike the ANS, it does not arise from the brain stem or spinal cord
- Like the ANS, it innervates smooth muscles and glands
- Consist of millions of neurons embedded in the wall of the digestive tract.
- Forms two plexi
 - **Myenteric plexus**
 - Lies between layers of longitudinal and circular muscles of alimentary canal
 - Extends from pharynx to anus
 - **Submucosal plexus**
 - lies within submucosal layer of intestines, from the junction with the stomach to the anus

Controls activity of gastrointestinal tract in three ways:

- 1) controlling intestinal peristalsis
 - 2) modulating blood flow through gut
 - 3) regulating the release of secretions from gastrointestinal glands
- **Each of these activities can be influenced by sympathetic and parasympathetic input**

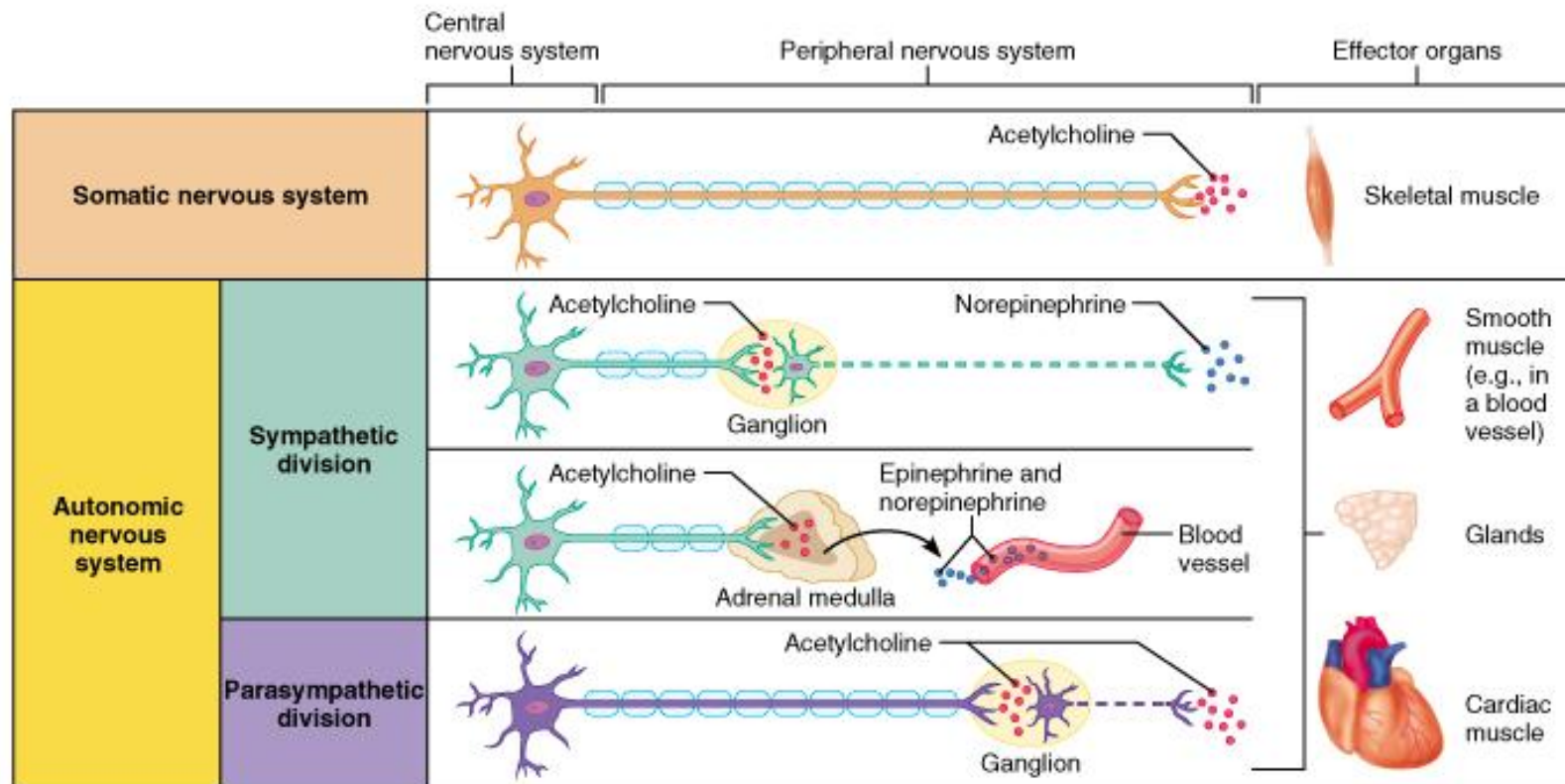


ANS Neurotransmitters


- The key to understanding the effects of the ANS lies in knowing **which neurotransmitter it releases** and **what kind of receptors occur on the target cells.**
- Neurotransmitters can be classified as either cholinergic or adrenergic neurons based upon the neurotransmitter released
Adrenergic

Neurotransmitters

- The ANS has both **cholinergic fibers** which secrete **acetylcholine** (Ach) and **adrenergic fibers** which secrete **norepinephrine** (NE)



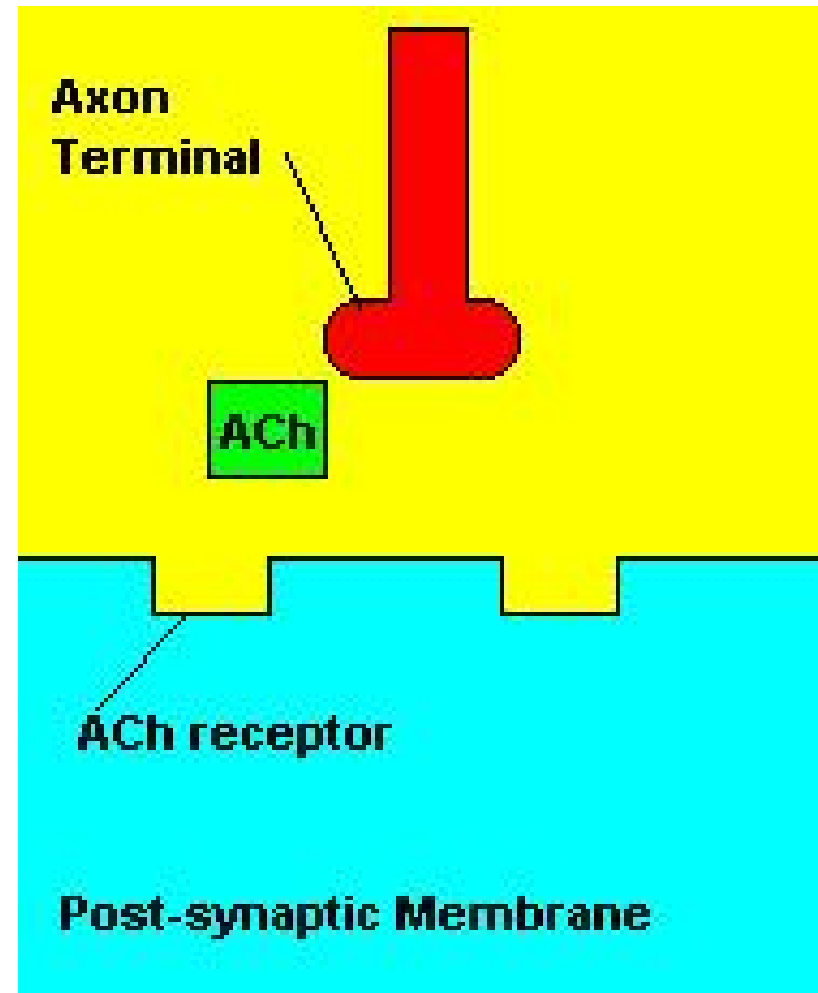
Key:

— = Preganglionic axons (sympathetic)
 --- = Postganglionic axons (sympathetic)
  = Myelination
 — = Preganglionic axons (parasympathetic)
 --- = Postganglionic axons (parasympathetic)

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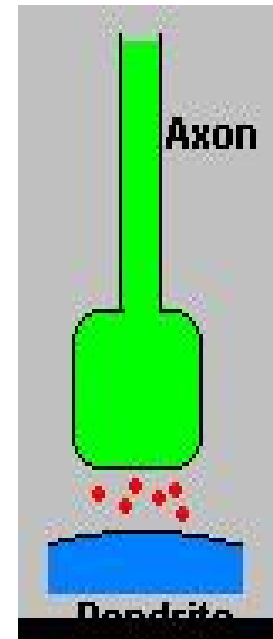
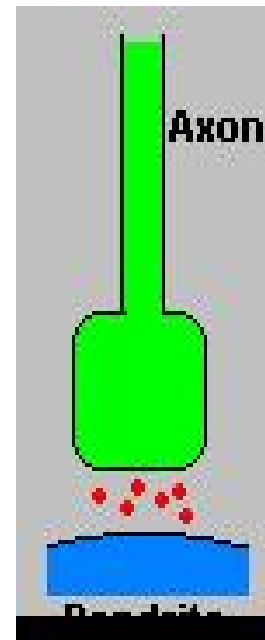
Fate of Acetylcholine

- after secretion by parasympathetic fibers, it is quickly broken down by acetylcholinesterase (AChase) in the synapse, thus its **effects last only a few seconds**



Fate of NE After Release

- some are reabsorbed by nerve fiber and either reused or broken down by the enzyme **monoamine oxidase (MAO)**
- some diffuse into the surrounding tissues, where it is degraded by another enzyme called **catechol-O-methyltransferase (COMT)**
- much of it is **picked up by the bloodstream**, where MAO and COMT are absent, then circulates throughout the body to exert synergistic effect with epinephrine from the adrenal gland
- thus sympathetic effects **tend to last longer than parasympathetic effects**

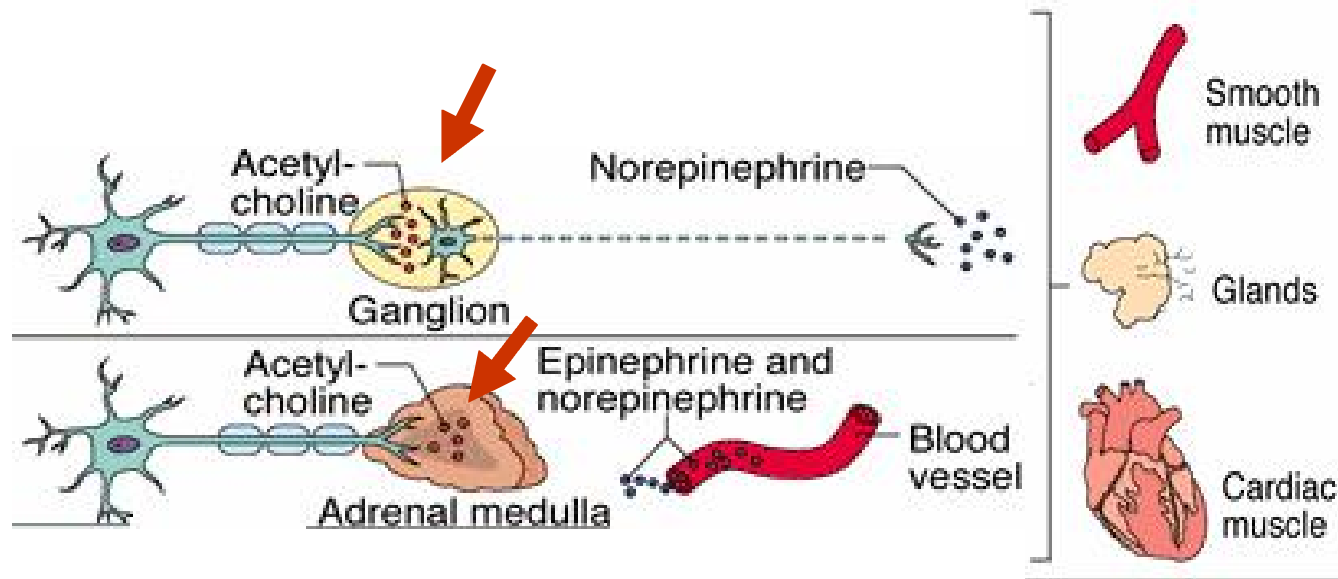


Receptors

- both the sympathetic and parasympathetic divisions have excitatory on some target cells and inhibitory effects on others
 - ex: parasympathetics contracts the urinary bladder but relaxes the urinary sphincter, using ACh for both purposes.
 - ex: sympathetics constrict most blood vessels but dilates the coronary arteries, using NE
- The different effects are not due to the transmitter but due to different receptors on the effector cells
- The receptors
 - for ACh are called **cholinergic**
 - NE are called **adrenergic**

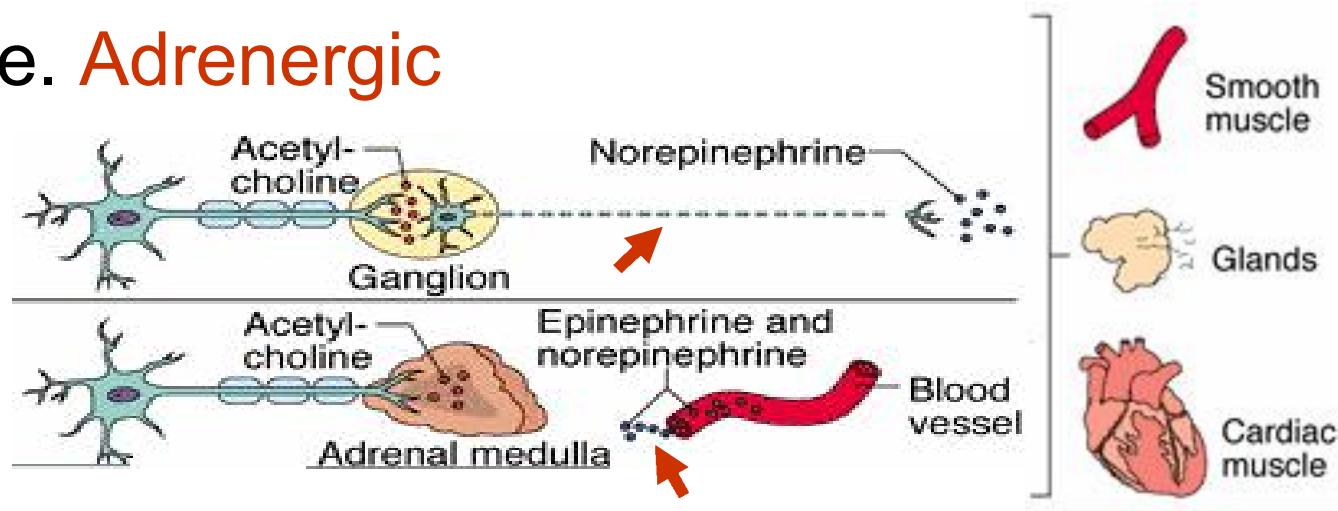
Sympathetic Neurotransmitters

- Preganglionic neurons -
 - **Cholinergic** = (release acetylcholine)



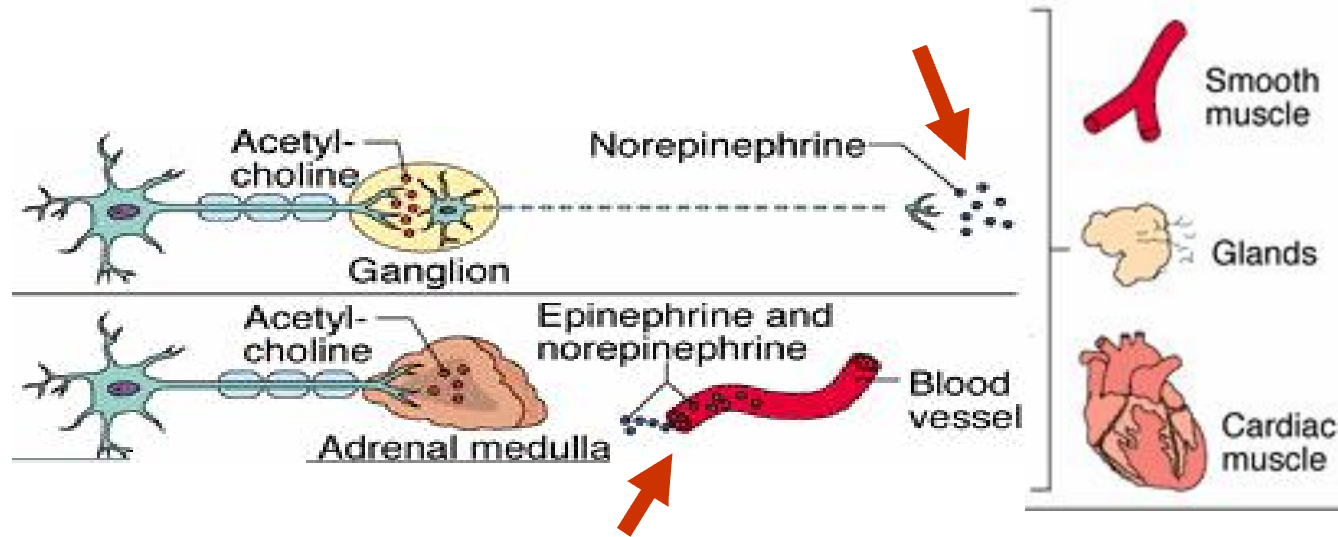
Sympathetic Neurotransmitters

- Postganglionic neurons:
 - release **norepinephrine** at target organs
 - ie. **Adrenergic**
- Adrenal medulla:
 - releases epinephrine & norepinephrine into blood
 - ie. **Adrenergic**



Adrenergic Receptors

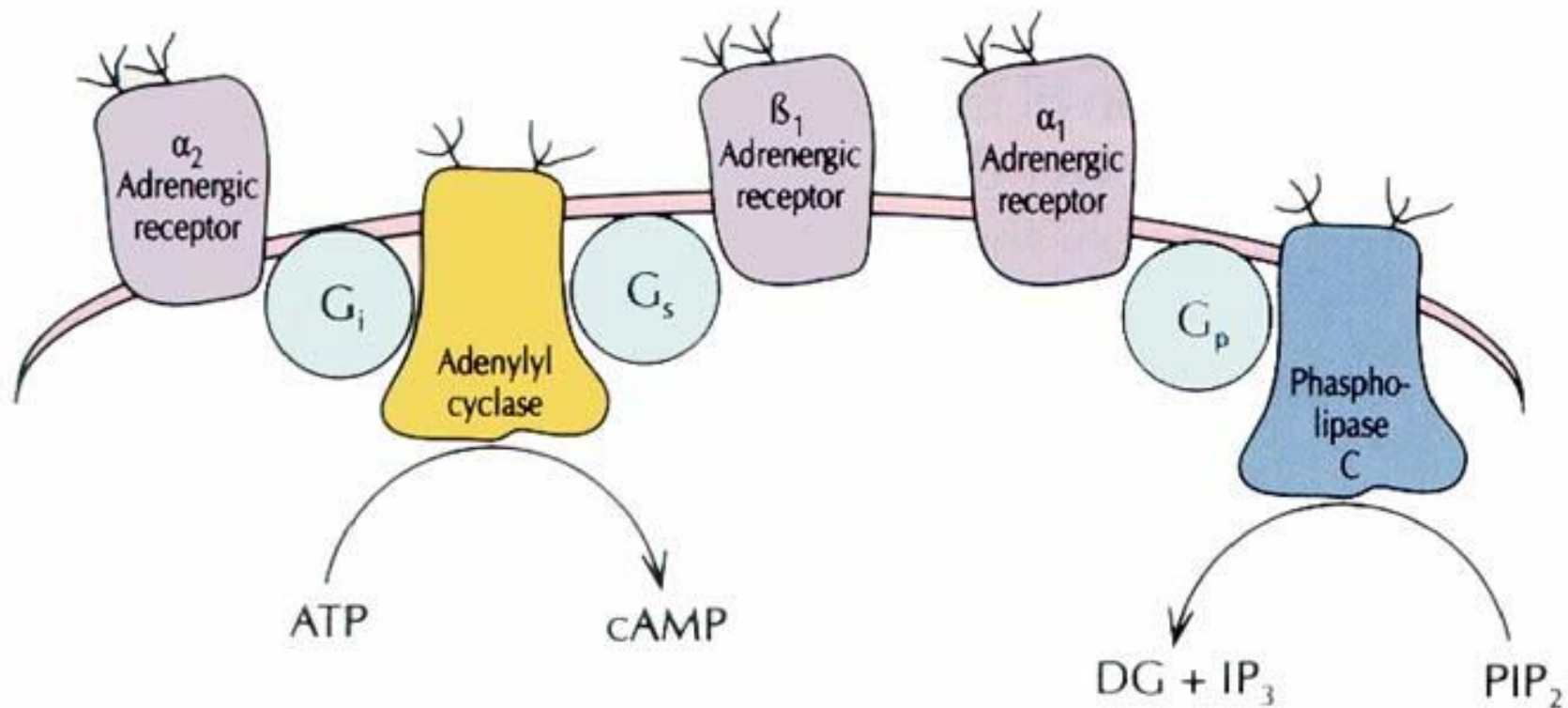
- Located only on sympathetic target organs



- Respond only to norepinephrine released by postganglionic neurons (precise effects) or
- Epinephrine & norepinephrine released by adrenal medulla into blood (general effects)

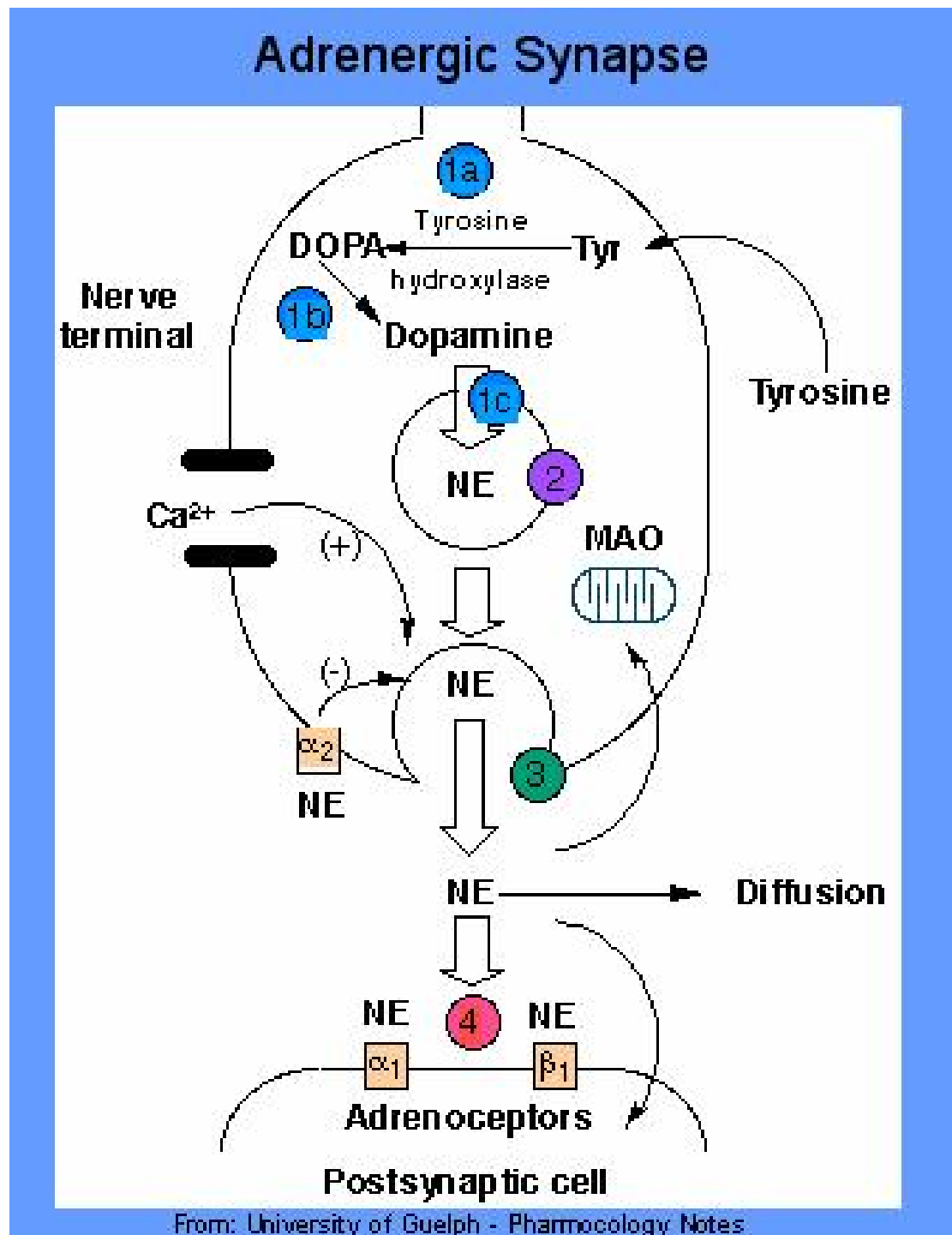
Adrenergic Receptors

- Two classes
 - **alpha (α)** - usually excitatory
 - **beta (β)** - usually inhibitory
- There are exceptions to the above and it is due to the existence of subclasses of each receptor type: α_1 α_2 β_1 , β_2
 - all four types function by means of second messengers
 - both β receptors activate the production of cyclic AMP
 - α_2 suppress cAMP production and α_1 employ calcium ions as the second messenger



- Stimulation of **beta- or alph2-receptors** leads to activation of G_s or G_i , which then act as transducers to activate (G_s) or inhibit (G_i) adenylyl cyclase. This results in increased or decreased production of cAMP from ATP
- **alph1-Receptors** work through G_p , which activates phospholipase C to promote conversion of phosphatidyl inositol bisphosphate (PIP_2) to diacyl glycerol (DG) and inositol triphosphate (IP_3) which is involved in intracellular calcium regulation.

- Norepinephrine is released from the nerve ending in response to a nerve impulse or drug (3)
- NE interacts with alpha and beta receptor sites at (4).
- Its receptor action is terminated by
 - recapture and storage in the original nerve ending or
 - inactivated by an enzyme.
- Norepinephrine activates primarily alpha receptors
- Epinephrine activates primarily beta receptors, although it may also activate alpha receptors.



- Stimulation of alpha receptors is associated with
 - constriction of small blood vessels in the bronchial mucosa and
 - relaxation of smooth muscles of the intestinal tract.
- Beta receptor activation
 - relaxes bronchial smooth muscles which cause the bronchi of the lungs to dilate.
 - cause an increase in the rate and force of heart contractions.

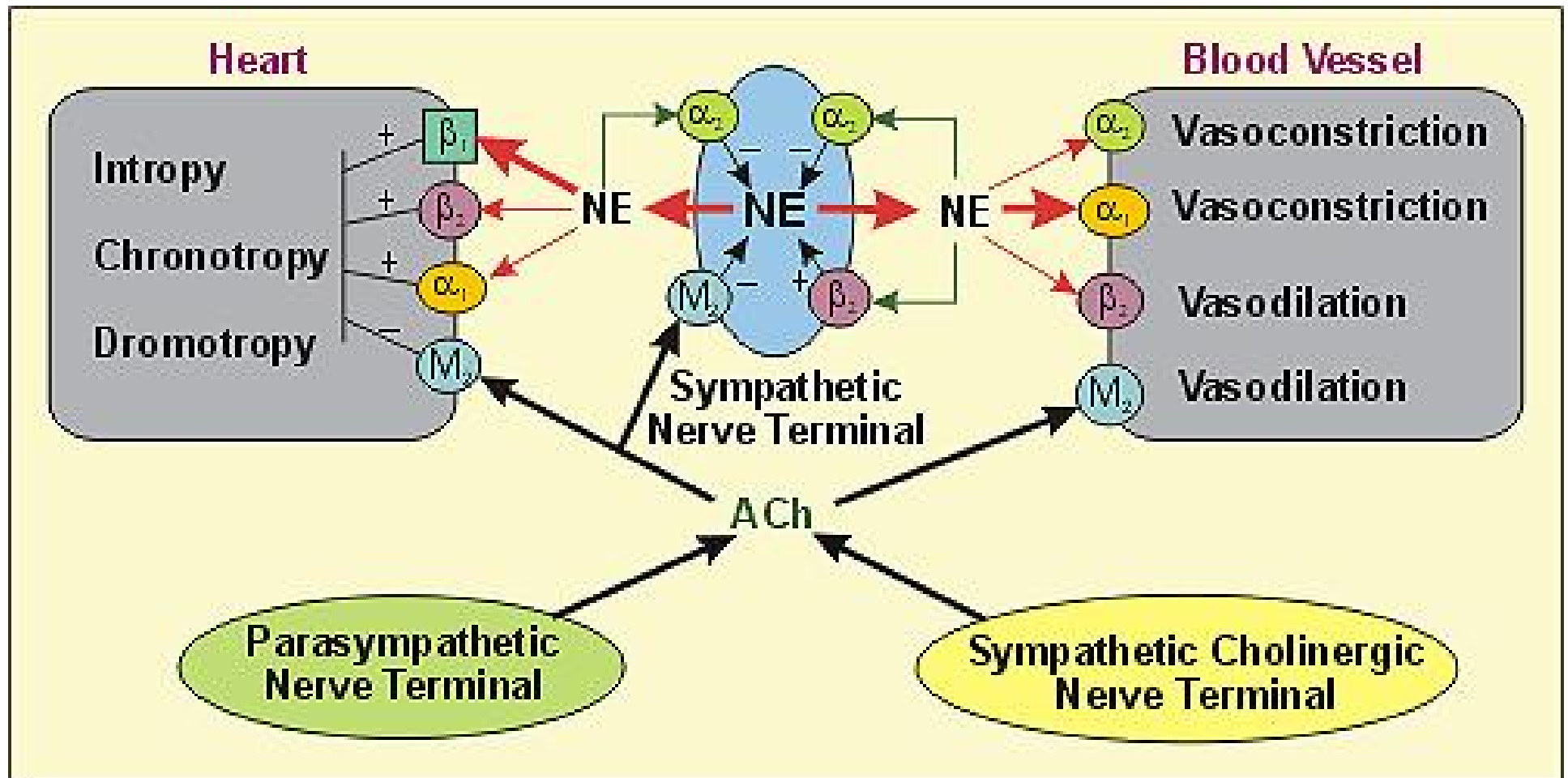
Receptor Sites

Alpha Receptors

- Vasoconstriction
- Iris dilation
- Intestinal relaxation
- Intestinal sphincter contraction
- Bladder sphincter contraction

Beta Receptors

- Vasodilation (b2)
- Cardioacceleration (b1)
- Intestinal relaxation (b2)
- Uterus relaxation(b2)
- Bronchodilation (b2)



Adrenergic Receptor Types

- **Alpha 1:**

- In walls of blood vessels leading to places other than skeletal muscles, brain & lungs.
- Not on heart (cardiac muscle)

- **Alpha 2:**

- Located mainly on the presynaptic membrane of the adrenergic nerve terminal.
 - function to modulate NE release by a negative feedback mechanism.
- On membranes of platelets.

- **Beta 1:**

- On heart (cardiac muscle) & kidneys

- **Beta 2:**

- On coronary arteries, bronchioles & on smooth muscle walls of digestive & urinary systems (urinary bladder, stomach, uterus).
-

Adrenergic Receptor Effects

Alpha 1:

- Excites (constricts) smooth muscles in certain blood vessels & in sphincters directing blood to skeletal muscles
- Dilates pupils.

Alpha 2:

- Promotes blood clotting
- Modulate NE release by a negative feedback mechanism.

Alpha 1 agonist:

- Over the counter decongestants (can increase BP)

Alpha 1 antagonist:

- Phentolamine
 - decrease PVR and arterial pressure

Alpha 2 antagonist

- Yohimbine
 - increase in release of NE due to a blockade of the negative feedback loop

Adrenergic Receptor Effects

Beta 1:

Cardiac Muscle

Increases heart rate & strength of contraction

- **Beta 2:**
- Depresses (dilates) smooth muscle in bronchioles & coronary arteries increasing blood flow to heart and air flow to lungs.

Beta 1 antagonist:

- Decrease heart rate and force of contraction

Beta 2 antagonist:

- airway constriction

Adrenergic Receptor Types

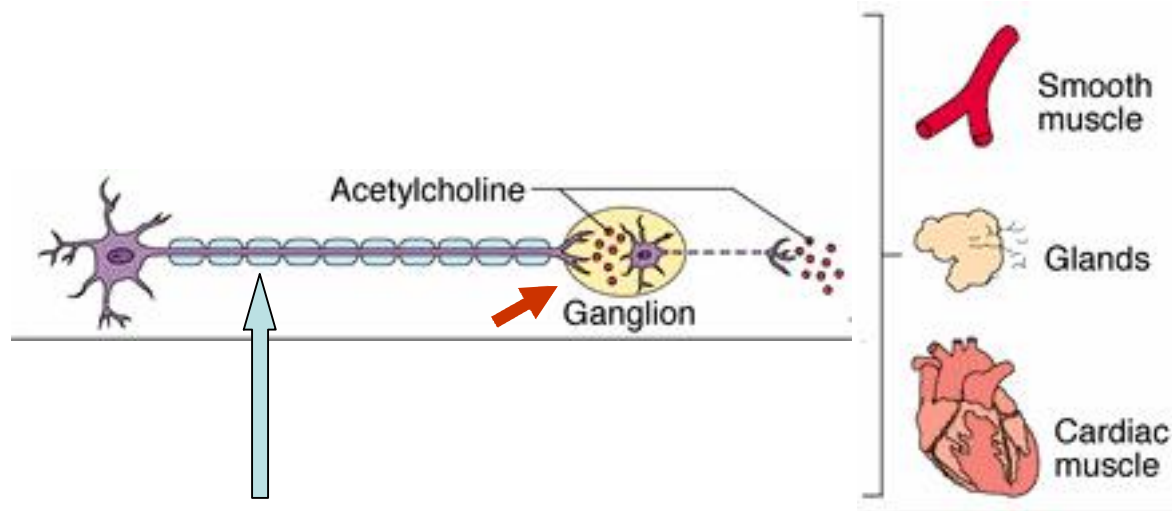
- Alpha 1:
 - In walls of blood vessels leading to places other than skeletal muscles, brain & lungs.
 - Not on heart (cardiac muscle)
 - Alpha 2:
- Alpha 1 agonist:
 - Over the counter decongestants (can increase BP)
 - Alpha 1 antagonist:
 - Phentolamine
 - decrease PVR and arterial pressure
- Alpha 2 agonist

Adrenergic Receptor Effects

- **Alpha 1:**
 - Excites (constricts) smooth muscles in certain blood vessels & in spincters directing blood to skeletal muscles
 - Dilates pupils.
- **Alpha 2:**
 - Promotes blood clotting
- **Beta 1:**
 - **Cardiac Muscle**
Increases heart rate & strength
- **Beta 2:**
 - Depresses (dilates) smooth muscle in bronchioles & coronary arteries increasing blood flow to heart and air flow to lungs.

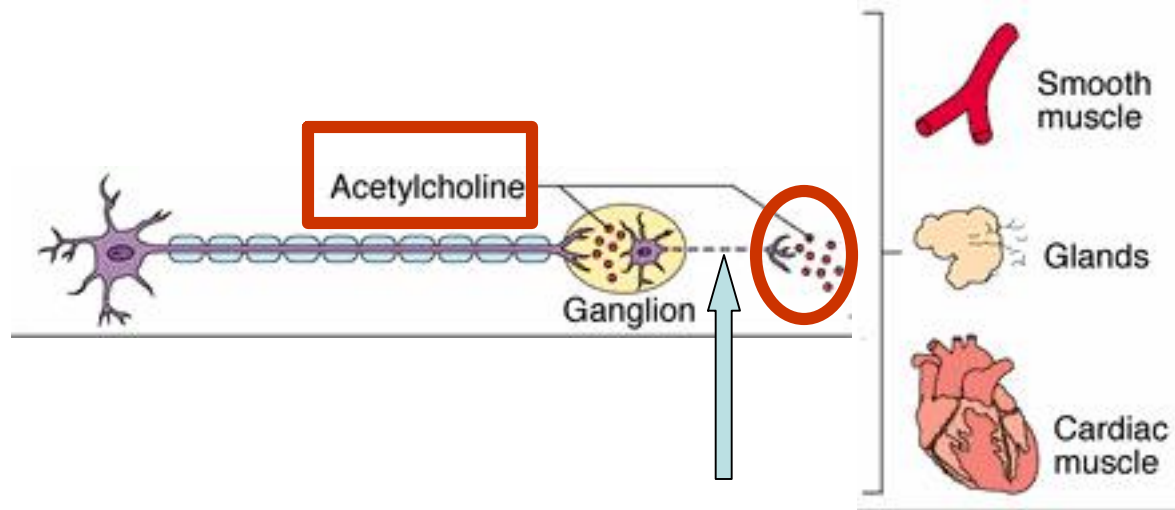
Parasympathetic Neurotransmitters

- Preganglionic neurons release **acetylcholine = Cholinergic**



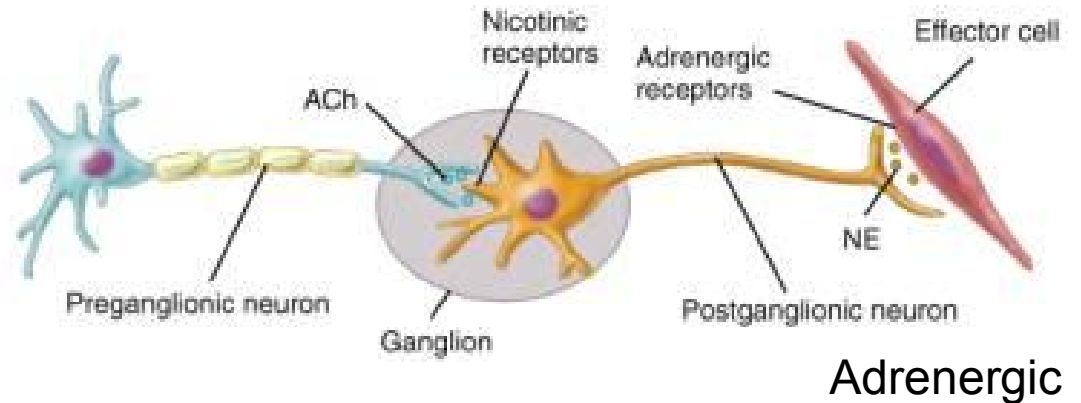
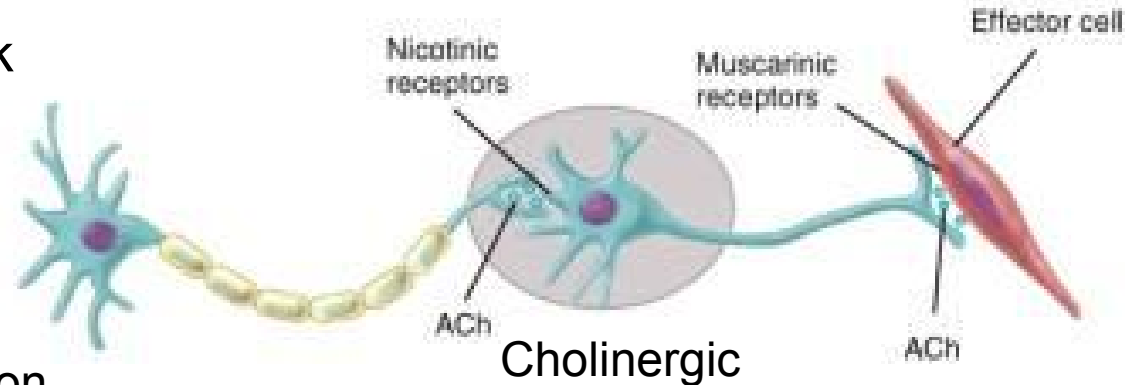
Parasympathetic Neurotransmitters

- Postganglionic neurons release **acetylcholine = Cholinergic**



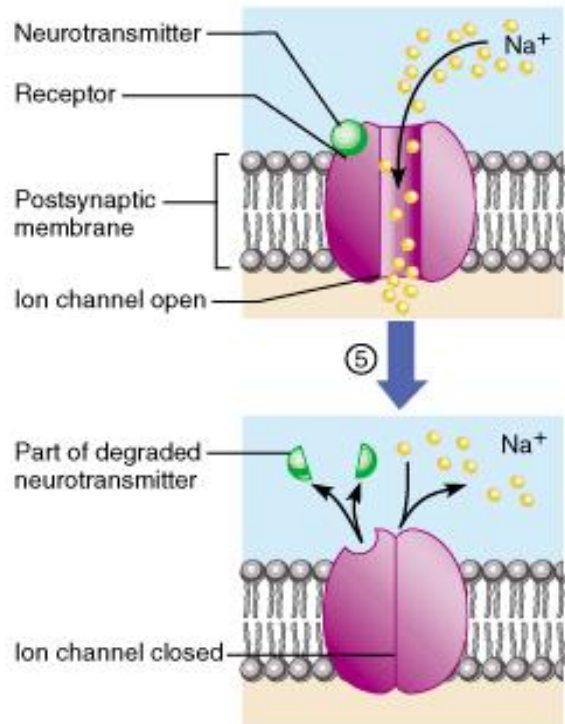
Cholinergic Receptors

- All cholinergic receptors work by opening ligand-gated ion channels and changing the postsynaptic potential of the target cell
- two classes
 - **nicotinic receptors**- occur on the **postsynaptic cells**, in all **ganglia** of the ANS, in the adrenal medulla, and in **neuromuscular junctions**
 - All cells with nicotinic receptors are **excited by ACh**
 - **muscarinic receptors**- occur on all **gland, smooth muscle, and cardiac muscles** cells that receive cholinergic innervation
 - some cells with muscarinic receptors are **excited** while others are **inhibited** by ACh

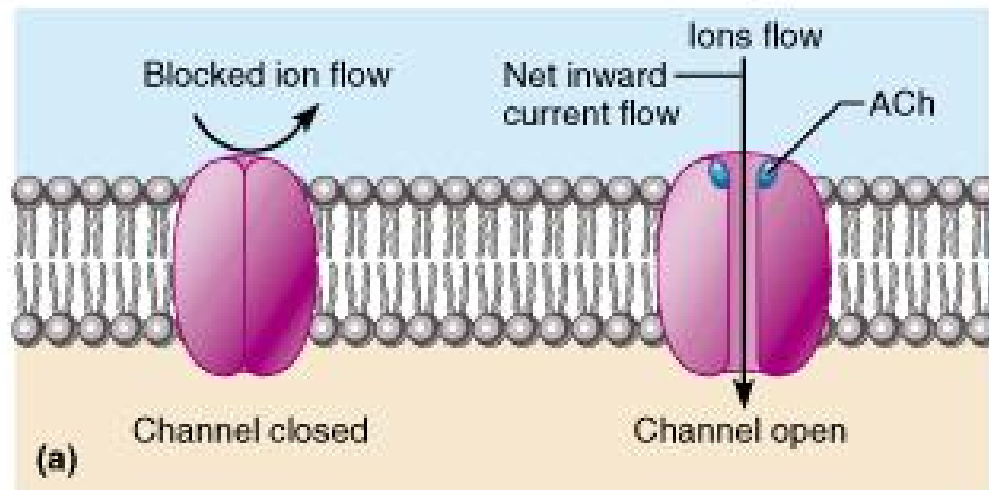


Cholinergic Nicotinic Receptors

- Mechanism of action is direct
- Use an ion-gated mechanism for signalling.
- Sufficient ligands cause an ion-channel to open, filling (or evacuating) a cell of a particular ion.
- Na^+ ion influx produces depolarization of the membrane, therefore, excitation

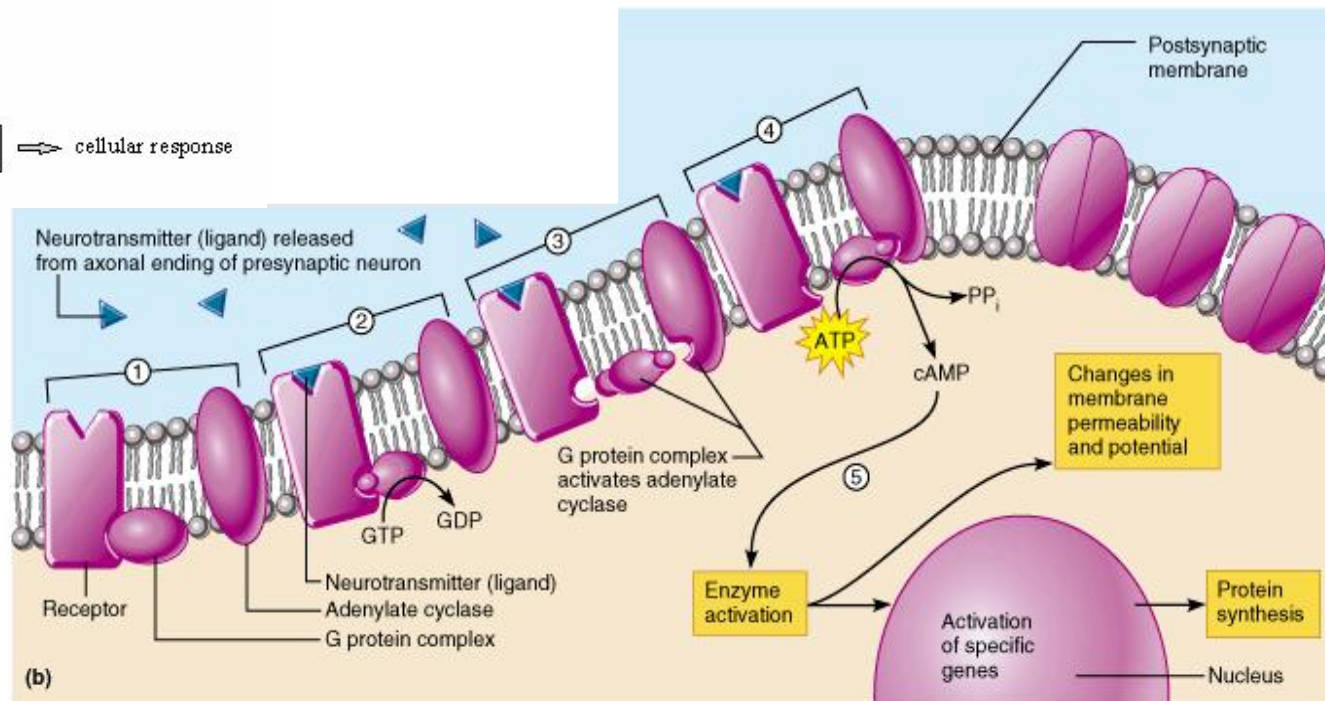
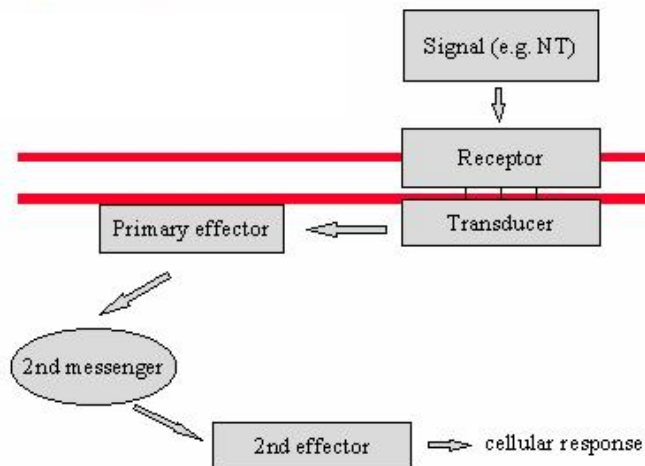


- if the efflux of k^+ ions is reduced, depolarization results and the effect is excitation
- if the efflux of k^+ ions is increased, hyperpolarization results and the effect is inhibition



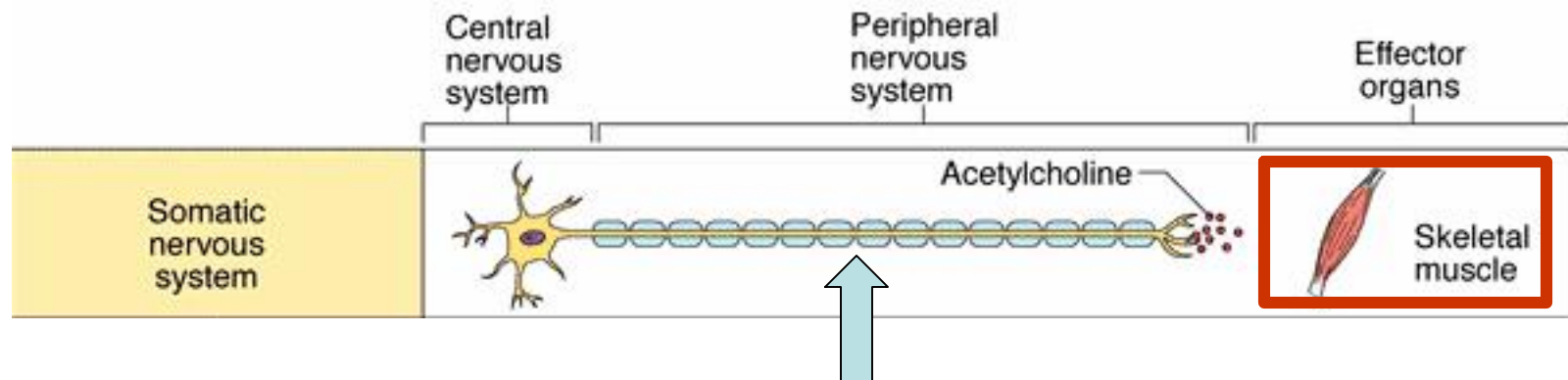
CHOLINERGIC MUSCARINIC RECEPTORS

- Mechanism of action is indirect
- Muscarinic receptors belong to a class of receptors which use G proteins as their signalling mechanism, which begin an information cascade within the cell.



Cholinergic Receptors

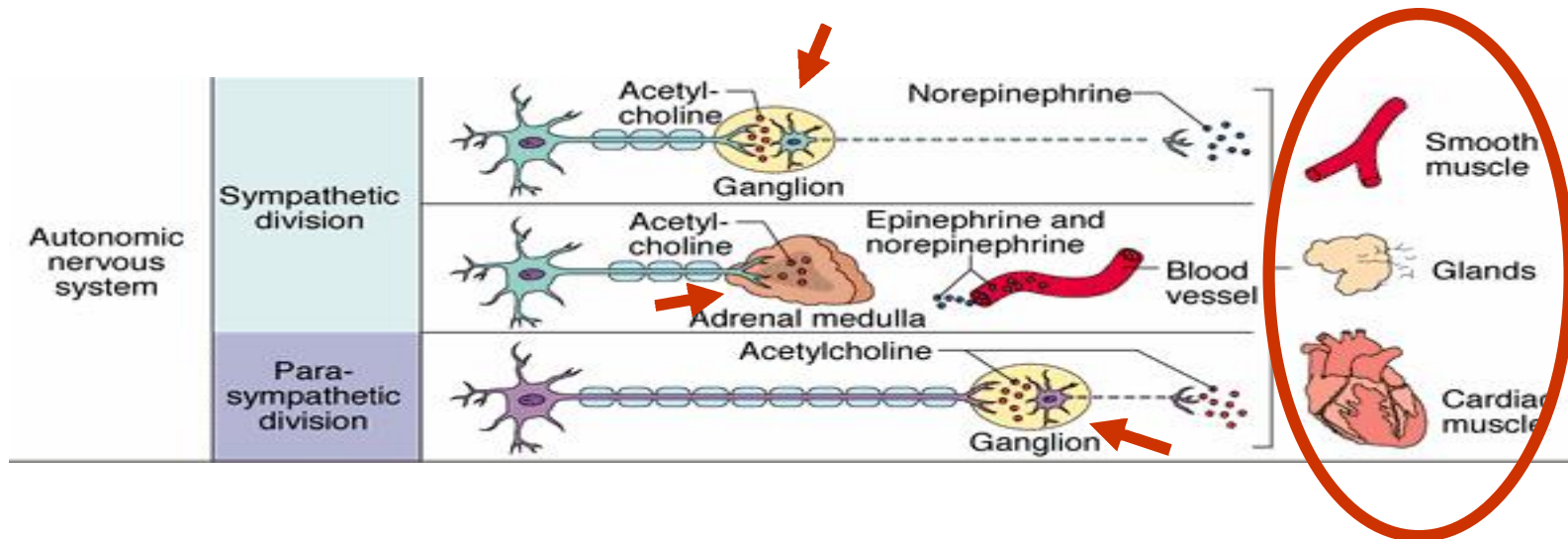
- Found on skeletal muscle cells regulated by motor neurons.



Motor Neuron

Cholinergic Receptors

- Found on dendrites & cell bodies of **postganglionic** neurons of both sympathetic and parasympathetic divisions of ANS.



- Found on **parasympathetic** target organs.

Cholinergic Receptor Types

- **Nicotinic:**
 - On skeletal muscle cells
 - On **postganglionic** dendrites & cell bodies in both sympathetic & parasympathetic
 - Almost always excite
- **Muscarinic:**
 - On all target organs of parasympathetic
 - May excite or decrease activity depending on target

Muscarinic Receptor Effects

- **Cardiac Muscle** - Slows heart rate and strength of contraction
- **Digestive System** - Increases digestive activity including secretions & peristalsis.
- Increases flow of blood to liver, pancreas & digestive organs by vasodilation of appropriate vessels.
- **Eye** - Causes constriction of Iris

Dual Innervation

- Most of the viscera receive nerve fibers from both the sympathetic and parasympathetic divisions and thus are said to have **dual innervation**
 - divisions can either be
 - **antagonistic**- when effects oppose each other
 - ex: sympathetics speeds up heart while parasympathetics slow down the heart
 - **cooperative**- when divisions produce a unified overall effect
 - ex: salivation: parasympathetics stimulate serous cells and sympathetics stimulate mucous cells (both necessary components of saliva)
- Even though both divisions innervate a single organ, they may not always innervate it equally or have equal influence.

- Some organs have only sympathetic innervation
 - sweat glands, adrenal medulla, arrector pili mm & many blood vessels
 - controlled by regulation of the “tone” of the sympathetic system

Control Without Dual Innervation

- Dual innervation is not always necessary to produce opposite effects.

Ex: control of blood pressure

the sympathetic fibers of blood vessels have a baseline sympathetic tone which keeps the blood vessel in a state of partial constriction called **vasomotor tone**

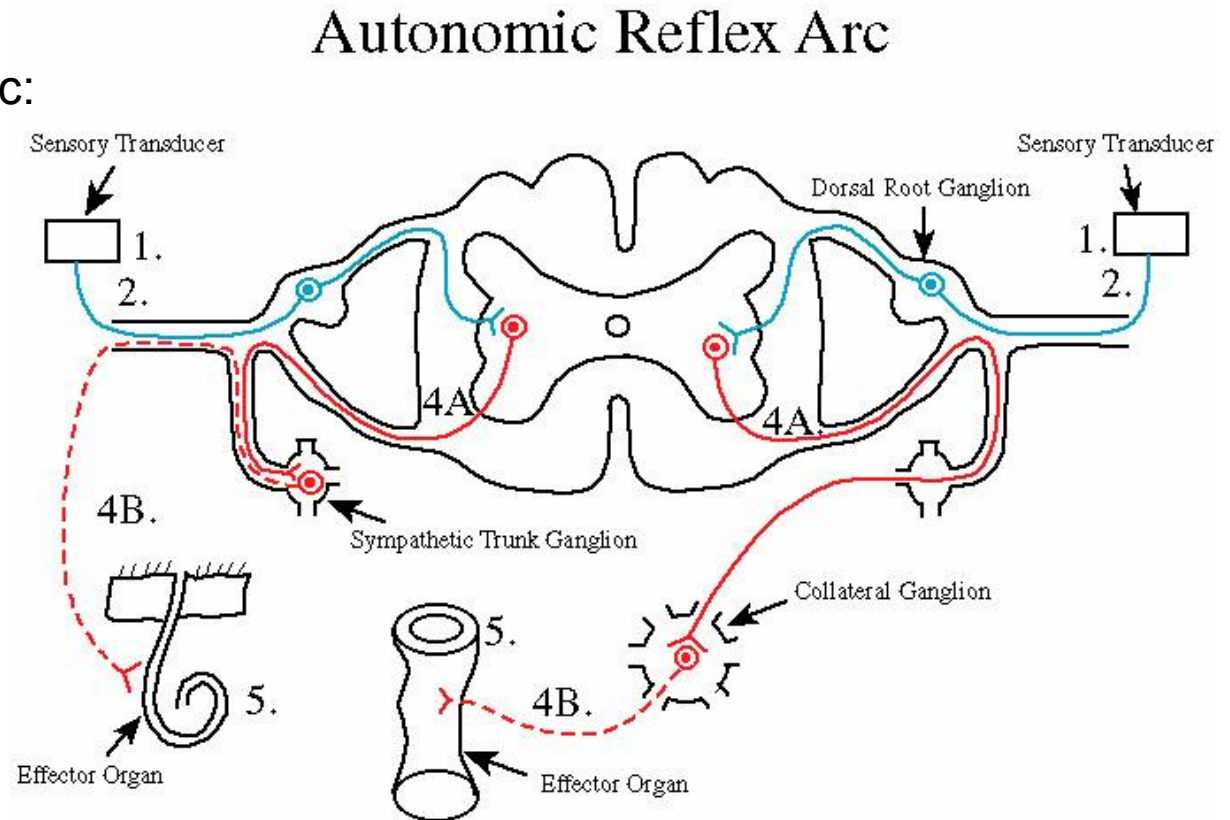
- increase in firing rate causes vasoconstriction
- decrease in firing rate causes vasodilation (allowing the smooth muscle to relax).

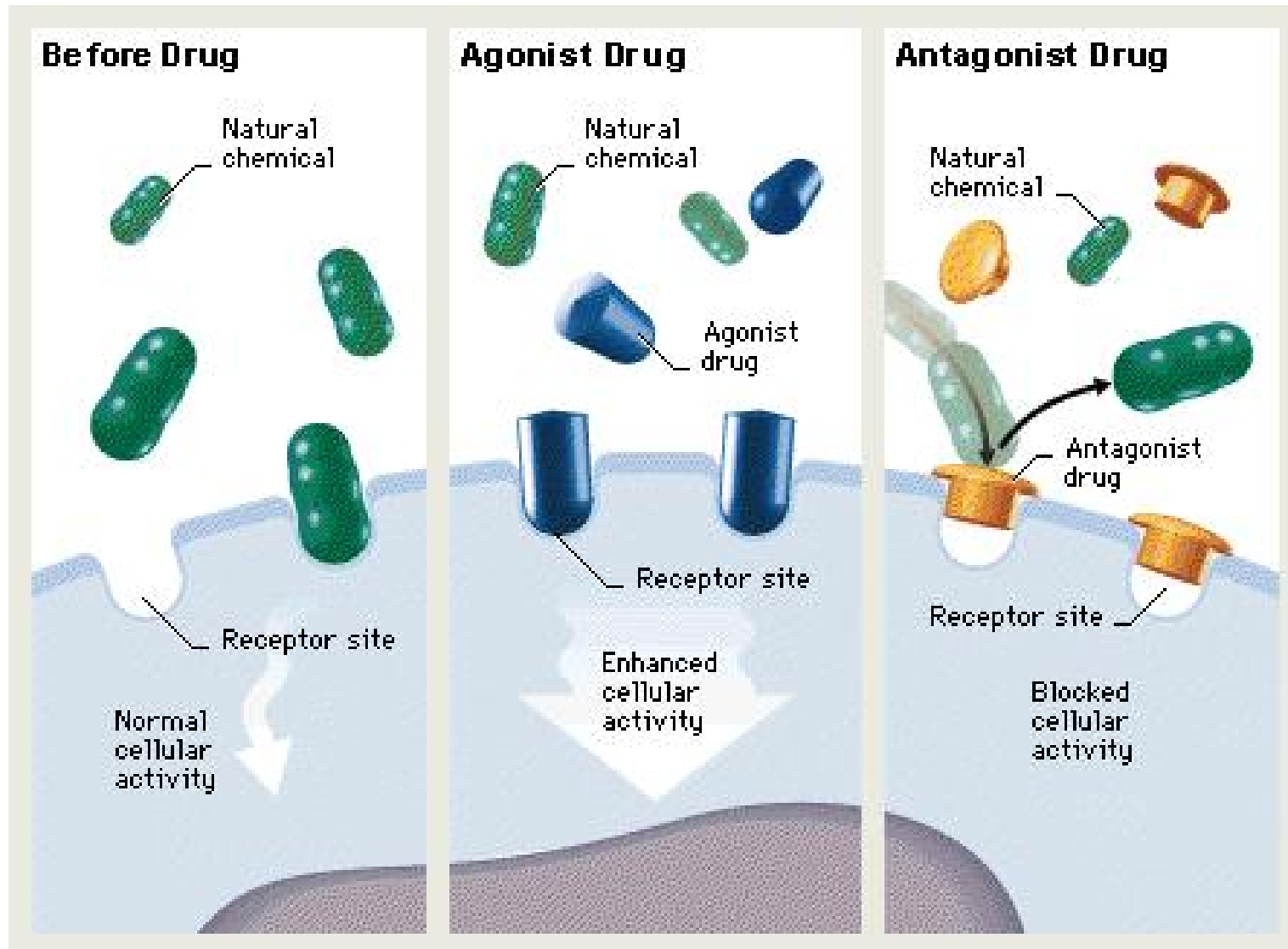
The Influence of Other Systems on CNS

- **The limbic system-** provides a pathway connecting sensory and mental experiences with the autonomic nervous system
- **Hypothalamus-** the major control center of the visceral motor system
 - contains many nuclei for many primitive function (hunger, thirst, thermoregulation, emotions, and sexuality)
- **Brain stem-** houses the nuclei of cranial nerves that mediate several autonomic responses
- **Spinal cord-** autonomic responses as the defecation and micturition (urination) reflexes are integrated in the spinal cord
 - note these can be influenced by the higher brain centers
 - in severe spinal injuries, these reflexes alone control the elimination of urine and feces

Autonomic or Visceral Reflexes

- Autonomic reflexes occur over autonomic reflex arcs.
- Components of that reflex arc:
 - sensory receptor
 - sensory neuron
 - integrating center
 - pre & postganglionic motor neurons
 - visceral effectors
- Unconscious sensations and responses
 - changes in blood pressure, digestive functions etc
 - filling & emptying of bladder or defecation





- Certain drugs work by interacting with receptors
- Drugs may bind to a specific receptor, possibly preventing naturally occurring chemicals from binding to the receptor.
- if a drug enhances cell activity, it is called an *agonist*; if it blocks cell activity, it is called an *antagonist*.

Drugs and the Nervous System

- **Sympathomimetics**- drugs that enhance sympathetic action by stimulating adrenergic receptors or promoting norepinephrine release
- **Sympatholytics**- drugs that suppress sympathetic action by inhibiting norepinephrine release or by binding to adrenergic receptors without stimulating them

Drugs and the Nervous System

Parasympathomimetics- enhance
parasympathetic effects

Parasympatholytics- inhibit Ach release or
block its receptors

Sympathetic Pharmacology